

ADPH | ANNUAL REPORT 2006



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## Letter to the Governor

The Honorable Bob Riley  
Governor of Alabama  
State Capitol  
Montgomery, Alabama 36130

Dear Governor Riley:

It is my pleasure to present to you the 2006 Annual Report of the Alabama Department of Public Health. During the past year the department continued to serve the state by enhancing its ability to respond to emergencies, implementing programs to help Alabamians make healthy lifestyle changes, and providing opportunities for citizens to receive quality health care.

The department is committed to ensuring that the state and its citizens will be able to respond during an emergency. In 2006, significant strides were made to accomplish this mission. Alabama achieved "green status," the highest grade that can be achieved, for its level of preparedness to receive the Strategic National Stockpile. Medication and supplies will be distributed to local communities quickly in the event of an emergency. The department continued to work with our partners to enhance the state's capacity to manage an increased demand for health care, whether caused by a natural disaster or a biological threat such as a pandemic. In addition, the nonprofit Trust for America's Health report, which evaluates the preparedness of all 50 states and the District of Columbia, gave Alabama eight out of ten for health disaster preparedness. Only two other states scored higher than Alabama.

To help Alabamians assist themselves and their families, the department designed a new Web site updated with various preparedness resources, distributed thousands of copies of our *Are You Ready* preparedness guide throughout the state, and trained hundreds of volunteers in emergency preparedness. Through the department's Web site thousands of individuals have signed up as volunteers to assist in the state's response to a disaster.

In an effort to reduce preventable death and disability, the department introduced and maintained programs

to help Alabamians make behavioral changes to improve their health. The Department's Tobacco Quitline, a toll-free tobacco cessation line that provides individuals with counseling, educational materials, referrals to local programs, and a two-week supply of nicotine replacement therapy patch served more than 9,000 callers in 2006.

In addition department staff developed after-school programs to help children and parents make healthier food choices and increase physical activity; targeted businesses in the state on how to create healthier worksites; guided women in the Black Belt Region in a weight loss program to reduce the risk of cardiovascular disease; and provided health screenings and education about preventative practices to state employees.

As always, the department continues to provide health care access and services to citizens throughout the state. The Plan First program provided valuable family planning services such as physical exams, contraceptive services, and education on responsible behavior to over 89,000 women ages 19-44.

In 2006, a total of 84,257 children were enrolled in Alabama's Children Health Insurance Program, also known as ALLKids. This low-cost program for children under age 19 provides immunizations, doctors' visits, prescription, vision, and dental care.

The Alabama Breast and Cervical Cancer Program provides women with an annual gynecological visit that includes a pelvic exam, Pap smear, and clinical breast exam. Women age 50 and older can also receive a screening mammogram. One hundred twenty-two women with cancer were diagnosed through this program since January 2006.

The Alabama AIDS Drug Assistance Program's waiting list was eliminated for the first time in 10 years in 2006. The transition of several

clients to the new Medicare D Insurance plan opened approximately 300 slots to move clients from the waiting list to active status. Low income, uninsured clients previously on the waiting list will now be able to receive medications from the AIDS Assistance Program.

While many things went well in 2006, Alabama continues to face many health challenges including the first increase in infant mortality in Alabama in seven years. In 2006, infant mortality increased for both white and African American mothers. Likewise, there was a significant increase in infant mortality among Hispanic mothers. The increase in infant mortality requires a focused effort to address contributing factors.

While Alabama is no longer the most overweight state in 2006, we remain in the top five in the nation. As a result, we are burdened by high rates of diabetes, heart disease and hypertension. Continued attention to the obesity problem in Alabama and the nation is necessary if we are to avoid a decrease in life expectancy for our children.

In the upcoming year we will continue to work with our partners in the public and private sector to plan for the threat of pandemic influenza, introduce new programs to address chronic diseases and their causes, and fulfill our mission to assure that all Alabamians continue to receive quality health care regardless of social circumstances or their ability to pay.

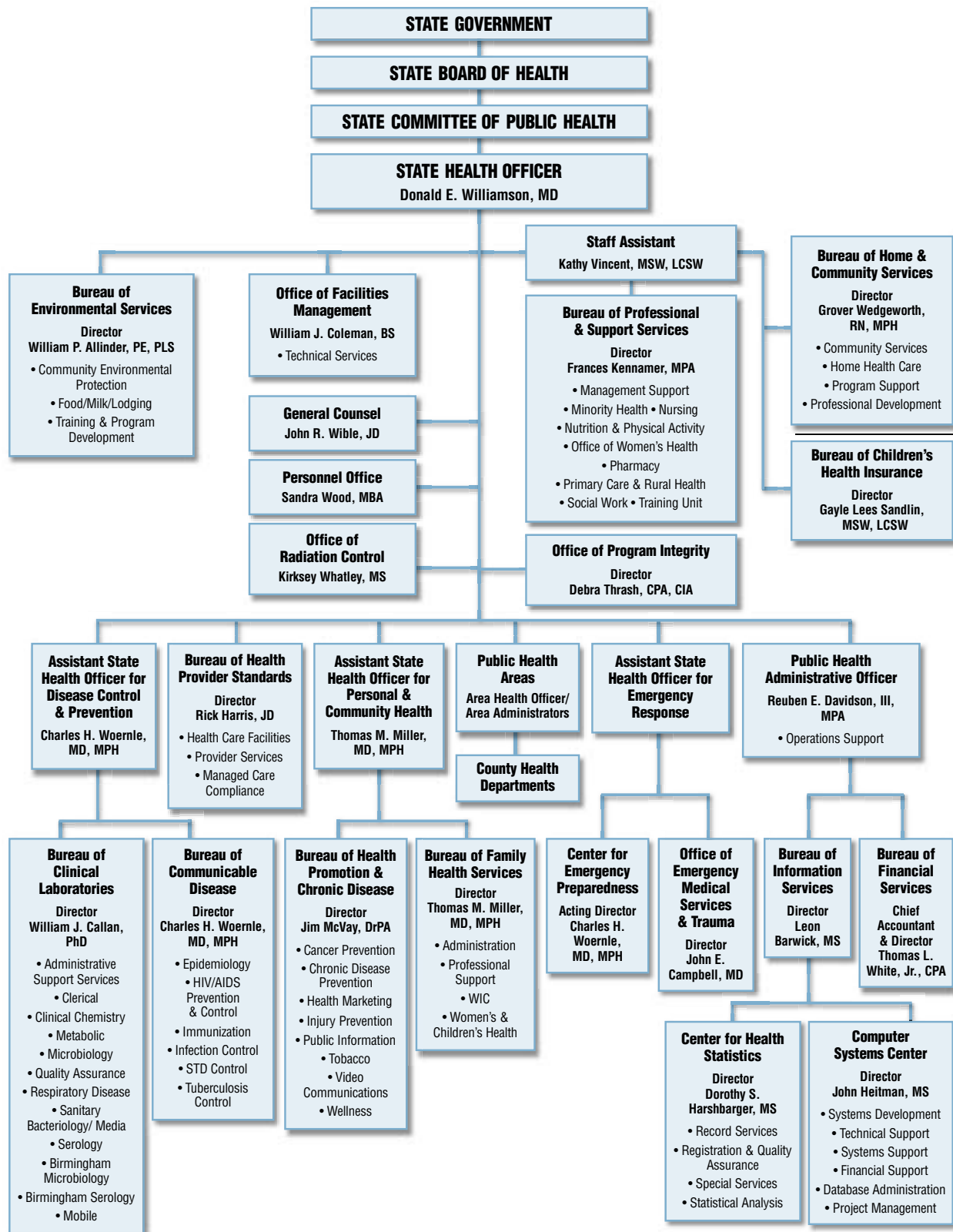
Sincerely,



Donald E. Williamson, M.D.  
State Health Officer



# Organization of the Alabama Department of Public Health





# Alabama Department of Public Health

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## Mission

To serve the people of Alabama by assuring conditions in which they can be healthy

## Value Statement

The purpose of the Alabama Department of Public Health is to provide caring, high quality, and professional services for the improvement and protection of the public's health through disease prevention and the assurance of public health services to resident and transient populations of the state regardless of social circumstances or the ability to pay.

The Department of Public Health works closely with the community to preserve and protect the public's health and to provide caring, quality services.

## Authority

Alabama law designates the State Board of Health as an advisory board to the state in all medical matters, matters of sanitation and public health. The Medical Association, which meets annually, is the State Board of Health. The State Committee of Public Health meets monthly and is authorized to act on behalf of the State Board of Health. The State Health Officer is empowered to act on behalf of the State Committee of Public Health when the Committee is not in session.

More than 125 years ago medical leaders in Alabama advocated constitutional authority to oversee matters of public health. The purpose of the authority was to preserve and prolong life; to plan an educational program for all people on rules which govern a healthful existence; and to determine a way for enforcing health laws for the welfare of all people.

## Table of Contents

Bureau of Communicable Disease.....	4
Emergency Response.....	12
Bureau of Health Promotion and Chronic Disease.....	14
Bureau of Clinical Laboratories.....	25
Bureau of Environmental Services.....	30
Bureau of Professional and Support Services.....	34
Bureau of Children's Health Insurance.....	41
Bureau of Family Health Services.....	42
Bureau of Home and Community Services.....	49
Bureau of Health Provider Standards.....	51
Office of Radiation Control.....	52
Bureau of Information Services.....	53
Bureau of Financial Services.....	58
Office of Program Integrity.....	61
Office of Personnel and Staff Development.....	62
County Health Department Services.....	64
ADPH Address Roster.....	65
Public Health Areas.....	<i>Inside Back Cover</i>



**ADPH**  
*Annual Report 2006*

# Bureau of Communicable Disease

**T**he mission of the Bureau of Communicable Disease is to prevent and control designated communicable diseases and illnesses in Alabama. The bureau consists of the following divisions: Epidemiology, HIV/AIDS Prevention and Control, Immunization, Sexually Transmitted Diseases, and Tuberculosis Control.

## Epidemiology

The mission of the Division of Epidemiology is to protect the residents of Alabama through constant monitoring of the incidence and prevalence of communicable, zoonotic and environmentally-related human diseases. Through the Communicable Disease, Zoonotic Disease, Infection Control and Toxicology and Risk Assessment branches; supported by Epidemiology's Public Health Information Network Branch, the division is working to accomplish the following:

- To find ways to prevent and/or control communicable diseases and their deleterious effects on individuals and communities
- To provide a statewide network of disease surveillance for the early detection and response to disease threats both naturally occurring and terrorist sponsored
- To develop interventions and educational programs that will prevent illness and reduce the negative effects on individuals
- To be a resource to the department's bureaus, offices, centers, divisions and its many county programs and clinics, as well as to populations throughout the state

- To provide technical assistance and consultation to both health professionals and lay persons
- To protect citizens from diseases caused by environmental contaminants through education, alerts and warnings.

## Communicable Disease Branch

The Communicable Disease Branch is responsible for the surveillance and control of the communicable diseases other than tuberculosis, HIV/AIDS, sexually transmitted disease and diseases controlled by immunizations. The table below shows some of these diseases along with the numbers for several of the immunizable diseases.

The most notable disease problem this past year was outbreaks caused by shigella. The total case count of 348 is not dramatically higher than in previous years, but toward the end of the year, there were ongoing community outbreaks in four parts of the state simultaneously. Total numbers were lower than in some past years because these outbreaks were not in the largest metropolitan areas.

The salmonella count in 2006 was the highest ever. This may be due in part to better reporting. The branch instituted electronic reporting from laboratories in 2006. The 44 mumps cases reported was probably the result of a request to physicians to report the disease as a result of the large outbreak of mumps in the college population in Iowa and surrounding states. The cases in Alabama did not appear to be part of that outbreak. Pertussis case reports continued to increase but most of



this increase may be due to increased use of PCR by private physicians to diagnose the illness. These cases have always occurred but were not laboratory diagnosed. The continuing increase in reports of Rocky Mountain spotted fever may not be true. Ninety percent are probable cases based on a single elevated titer. *E. coli* O157:H7 continued for the third year to be reported at a rate higher than in the earlier years, but the total cases (32) were still relatively low. Meningococcal disease for the second year was at almost a historical low with only seven cases reported. Hepatitis A cases again declined to almost a historic low, just three cases more than in 2004. (The increased cases in 2005 were mainly due to a large outbreak associated with contaminated oysters.) West Nile virus infections continued to decline to only seven cases.

**TABLE OF SELECTED COMMUNICABLE DISEASE INCIDENCE 1997 THROUGH 2006**

(This table, compiled at the beginning of January 2007, reflects provisional numbers for 2006.)

Transmission	Disease	1997	1998	1999	2001	2002	2003	2004	2005	2006
Airborne	Histoplasmosis	11	29	25	1	10	17	13	6	21
Airborne	Legionnaires disease	4	9	5	13	8	20	13	14	11
Airborne	Meningococcal disease	85	55	38	33	22	21	17	6	7
Airborne	Mumps	9	9	11	0	4	4	4	6	47
Airborne	Pertussis	34	27	21	41	37	19	49	82	96
Airborne	Psittacosis	0	0	1	0	0	0	0	1	0
Airborne	Q Fever	0	0	0	0	0	1	0	0	1
Bloodborne	Hepatitis B	80	77	86	85	105	96	84	90	92
Fecal-oral	Campylobacter	240	188	180	175	228	178	181	175	170
Fecal-oral	Cryptosporidium	2	0	16	18	49	56	25	29	72
Fecal-oral	<i>E. coli</i> O157:H7	14	24	28	15	21	17	32	30	32
Fecal-oral	Hemolytic uremic syndrome	1	0	2	0	0	0	2	5	2
Fecal-oral	Hepatitis A	87	81	62	79	39	24	10	44	13
Fecal-oral	Listeria	8	6	11	8	4	13	5	9	7
Fecal-oral	Salmonella	470	695	605	719	856	797	768	742	910
Fecal-oral	Shigella	272	459	117	199	836	337	320	225	348
Fecal-oral	Typhoid Fever	1	4	0	0	0	4	0	1	1
Fecal-oral	Yersinia	0	4	8	8	15	17	23	14	13
Insect, mosquito	California Encephalitis	0	0	0	1	0	0	0	1	0
Insect, mosquito	Eastern Equine Encephalitis	0	0	0	0	0	2	0	2	0
Insect, mosquito	Malaria	10	6	7	7	5	7	12	6	9
Insect, mosquito	St. Louis Encephalitis	1	0	0	0	0	1	0	0	0
Insect, mosquito	West Nile Encephalitis	0	0	0	2	37	21	12	6	5
Insect, mosquito	West Nile Fever	0	0	0	0	12	17	4	5	2
Insect, tick	Ehrlichiosis	0	0	1	0	3	3	5	3	4
Insect, tick	Lyme disease	11	24	20	11	11	8	7	3	11
Insect, tick	Rocky Mountain spotted fever	9	11	17	20	17	21	54	72	85
Insect, tick	Tularemia	2	0	0	1	1	1	3	1	0
Other	Brucellosis	0	1	2	0	0	1	1	1	1
Other	Vibrio	11	15	16	15	13	12	18	13	14

#### Zoonosis Branch

The Zoonotic Disease Program is charged with monitoring, controlling and preventing diseases transmitted from animals to humans. The following is a summary of the 2006 results of that monitoring:

- The number of cumulative cases of animal rabies in 2006 was 85, up from 79 from 2005. The most prevalent positive rabies tests were from raccoons. They accounted for 58 of the positive rabies cases compared to 41 for 2005.

There were 17 positive rabies tests on bats this past year – the same as for 2005. There were eight positive rabies tests from foxes, down from 11 cases in 2005. In the domestic classification, there were two positive rabies tests on cats and no positive tests on dogs compared to one positive cat and two dogs in 2005. In 2006 there were no positive rabies tests on horses compared to two cases in 2005. Therefore, wild animals accounted for 98

percent of the positive rabies cases reported in Alabama in 2006. Among domestic animals there were only two positive rabies tests which reflects the effectiveness of domestic animal rabies vaccination.

- The Zoonotic Disease Program cooperated in a national effort to halt the northwesterly migration of the raccoon variant of rabies across Alabama by distributing almost one million doses of oral rabies vaccine in portions

## Bureau of Communicable Disease *(continued)*

of 11 counties throughout Alabama in 2006.

- The Zoonotic Disease Program also monitors activity of arboviruses such as West Nile virus and the virus which causes Eastern Equine Encephalitis (EEE). This was the seventh year the Zoonosis Branch collaborated with the Centers for Disease Control and Prevention and 15 cooperators across Alabama in a West Nile virus surveillance project. The effort was extremely successful and allowed for early public alerts. West Nile virus activity was detected in one of the state's 67 counties. Again this year, seven horses were found to be positive for West Nile virus.
- During 2006, EEE viral infections were detected in five horses in five different counties of the state. This is down from 31 infections in 2005. In 2005, there were 12 sentinel chickens which tested positive for EEE while in 2006 only three sentinels tested positive. Lastly, there were no human cases of EEE in the state in 2006.

### Toxicology and Hazardous Site Risk Assessment

The primary task of this branch is to conduct and coordinate hazardous site-specific activities. Its two overriding objectives are to 1) identify pathways of exposure to hazardous waste sites and potentially hazardous industrial releases, and 2) identify, implement and coordinate public health interventions to reduce exposures to hazardous substances at levels of health concern in the state.

In January 2007, the U.S. Environmental Protection Agency

(EPA) listed 293 Comprehensive Environmental Response, Compensation and Liability Act (CERCLA) sites in Alabama. Among them, 18 are federal sites and 12 are on the final National Priority List (NPL), a list of the worst contaminated sites in the nation. One CERCLA site is one of Alabama's ATSDR "C" sites that require extensive work and oversight due to the level of documented human exposure to contaminants. The EPA also lists 9,274 Resource Conservation and Recovery Act sites in Alabama, with more than 500 sites added each year for the past five years. The Alabama Department of Environmental Management (ADEM) conducts a Voluntary Cleanup Program (VCP) for entities who wish to clean up sites, under ADEM oversight, listed as a state site rather than incurring an EPA listing. The Risk Assessment and Toxicology Branch evaluated approximately 10 VCP sites at ADEM's request and anticipate this level of requests to continue. ADEM also collaborates with the Alabama Drycleaning Environmental Response Trust Fund, a consortium of approximately 100 Alabama drycleaners created to collectively assume responsibility for members' environmental contamination. Due to its 15-year history of providing public health assessments, the branch receives and responds to approximately 50 additional environmental health concerns and/or site-specific requests each year from citizens, attorneys or other agencies. By working with ADEM and EPA, the department contributes to the resolution and remediation of sites, some of NPL quality, in a manner that prevents NPL listing, thus providing savings for the limited funding the department now receives.

### Infection Control Branch

The mission of the Infection Control Branch is to provide infection control and infectious disease training and consultation and to develop infection control related policies and procedures. These services are structured to meet the needs of the Alabama Department of Public Health, the medical community and the general public.

During the last half of 2006, educational training programs were provided via satellite teleconferences and on-site to a total of 3,688 participants. These individuals included health care providers from the department, hospitals and extended care facilities.

Alabama's Infected Health Care Worker Management Act of 1995 mandates that health care workers who are chronically infected with hepatitis B virus or human immunodeficiency virus report themselves to the state health officer. The purpose of the law is to prevent transmission of these bloodborne viruses from infected health care workers, who perform invasive procedures, to their patients or co-workers. Infection Control personnel provided consultation, initiated investigations and conducted appropriate follow-up of these reported individuals.

### Public Health Information Network

The Alabama National Electronic Disease Surveillance Base System (ALNBS) is an operational secure Web-based electronic reporting system in accordance with CDC recommended security requirements for Public Health Information Network applications. The Epidemiology Division has completed configuration of the Alabama system to allow for the electronic exchange of information between county health departments



and the state health department, using secure Web browser-based access to the state health department. Since Oct. 1, 2004, the Alabama NBS has been reporting national notifiable disease messages to the Centers for Disease Control and Prevention in real-time for Mobile County using the ALNBS. In December 2005, Jefferson County Department of Health began training in the ALNBS testing environment and in early 2006 Jefferson County began sending real-time notifiable disease messages using the ALNBS. The remaining 65 Alabama counties were scheduled to be deployed by public health area according to their rank in contributed morbidity reporting to the disease surveillance system.

Beginning June 1, 2005, the department began receiving direct send electronic laboratory reports from LabCorp in the ALNBS test environment and in January 2006 the department began receiving the reports in the production system used to report to CDC. The ALNBS upon becoming an operational Web-based electronic reporting system in August and September 2005 incorporated use of the system by external users. Infection control practitioners and hospital laboratory report personnel at Springhill hospital and the University of South Alabama hospital began reporting notifiable diseases to the ALNBS Web-based data entry by laboratory personnel.

In early 2006, the department's Epidemiology Division was ready as planned for statewide release and use of ALNBS online for public health areas, counties, external users in hospitals and medical providers with Internet access who may be interested in using the ALNBS web-based system. In 2006 the division continued expanding

electronic exchange of laboratory surveillance data from other large national laboratories as the messages and translators became available through collaboration with CDC partners. These accomplishments were made possible because of a team of dedicated Epidemiology and Information Technology professionals working diligently throughout 2006 to provide all of Alabama with a premier electronic system.

### HIV/AIDS Division of Prevention and Control

The mission of the HIV/AIDS Division of Prevention and Control is, in collaboration with community partners, to reduce the incidence of HIV infections, to increase life expectancy for those infected and to improve the quality of life for persons living with or affected by HIV.

#### Direct Care and Services Branch

In 2006, the Alabama AIDS Drug Assistance Program (ADAP) had several key improvements that included the following:

- strengthened ADAP eligibility verification process
- 100 percent of ADAP clients re-certified biannually
- secured a provider number to charge back eligible ADAP costs to Medicaid

Alabama's ADAP waiting list was eliminated for the first time in over 10 years on June 6, 2006. Three program changes were implemented in 2006:

1. bi-annual client recertification, to assure that only eligible clients participate in the program;
2. transition of several hundred clients to the Medicare D insurance program; and

3. development of a system for the ADAP central pharmacy to be able to charge-back eligible ADAP costs to Medicaid.

Enrollment of clients in Medicare Part D insurance plans played a major role in eliminating the ADAP waiting list. In May 2006, 425 ADAP clients were successfully transitioned to Medicare Part D insurance plans to supply their HIV medications. The Medicare D Cost Assistance Plan assisted eligible clients who were denied low income subsidy assistance with the cost of co-pays, premiums and deductibles associated with their Medicare Part D insurance plan.

Alabama was one of eight states selected by Health Resources and Services Administration to participate in an 18-month Quality Management/Quality Improvement Demonstration Project that ended in November 2006. Alabama's project team was recognized by the demonstration project for its hard work during the 18-month project, and was awarded the most improved team award or, in quality management terms, "Most Spread" award.

#### Program Collaboration and Special Projects Branch

The Program Collaboration and Special Projects Branch continued to expand upon multiple projects throughout 2006. The Statewide Peer Mentoring Program, Consumer Advisory Board, CDC Funded Prevention Projects and Alabama Prison Initiative have greatly impacted services offered through HIV Prevention and Direct Care Services.

The Statewide Peer Mentoring Program consists of nine peer mentors and reaches HIV-positive persons and high-risk negative individuals who are not currently accessing direct care services. The

## Bureau of Communicable Disease *(continued)*

mentors provide linkages to medical/dental clinics, referrals to the local AIDS service organizations for housing assistance, drug treatment facilities for inpatient/outpatient substance abuse addiction, secondary prevention services, emotional support and transportation assistance. The peer mentors also assist high-risk negative persons with HIV testing, behavior modification and harm reduction techniques. Peer mentors serve as advocates for clients who are learning the skills needed to better live with HIV/AIDS. In 2006, some of the peer mentors had the opportunity to participate in the United States Conference on AIDS, International Conference on AIDS, NAPWA Staying Alive Conference, Dangerous Intersections Substance Abuse and Mental Health Conference.

The Statewide Consumer Advisory Board consists of 12 HIV-positive persons that represent public health areas throughout the state. The advisory board provides a voice for consumer issues to be expressed at the state level.

The Alabama Prison Initiative has continued primary and secondary prevention education and discharge services to various institutions throughout the Alabama Department of Corrections. Secondary prevention services continue to be offered to HIV-positive inmates at Limestone, Tutwiler and Kilby prisons. Inmates transitioning from these facilities receive information on life enrichment topics to assist with a positive transition back into the community. Volunteer instructors from area

AIDS service organizations and community-based organizations throughout the state provide educational information and community resource information.

Through the Pfizer Foundation, a partnership between the HIV/AIDS Division, Aid to Inmate Mothers, Jefferson County AIDS in Minorities and Montgomery AIDS Outreach, prevention education and secondary transitional services continue to be offered to high-risk negative women and the HIV-positive women in the Alabama Department of Corrections. The Alabama Prison Initiative was presented at several national conferences in 2006.

### HIV Surveillance Branch

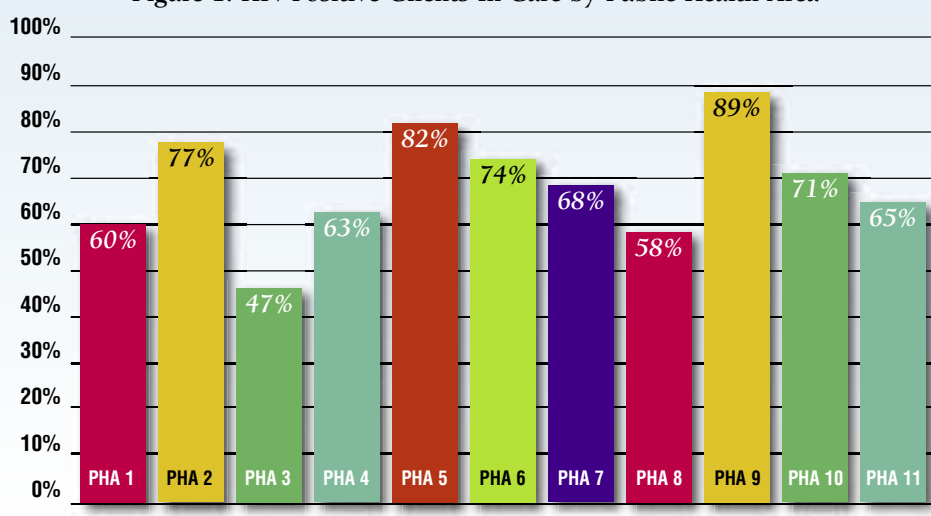
In 2006, HIV Incidence Surveillance continued to expand providing information on recent or long-standing HIV infection. Since 1987, Alabama has reported over 14,000 persons diagnosed with HIV/AIDS. The surveillance staff attended training sessions on new HIV/AIDS surveillance guidelines sponsored by the Centers for Disease Control and Prevention.

### HIV Prevention Planning and Development Branch

The Enhanced Referral Tracking System (ERTS) created to provide follow-up contact to HIV-positive clients was established in response to the CDC initiative, "Advancing HIV Prevention: New Strategies for a Changing Epidemic." The tracking system is a "systematic way of identifying and documenting linkages of initial post-test positive clients in care and, through further tracking, locate and connect clients not in care to AIDS Service Organization services." In 2006, ERTS was highlighted at three national conferences to provide a model for other states. The division has received numerous follow-up requests for further information and technical assistance.

Figure 1 below shows public health areas and clients in care. For example in PHA 11, 65 percent of the cases were reported in care. Overall, 66 percent of Alabama's newly diagnosed clients are receiving HIV related prevention and care services throughout the state.

Figure 1: HIV-Positive Clients In Care by Public Health Area



On Dec. 1, 2006, staff and community partners created and implemented many World AIDS Day events. The 2006 theme was "Stop AIDS, Keep The Promise."

## Immunization

The goal of the Immunization Division is to stop the spread of vaccine-preventable diseases by providing vaccine to the citizens of Alabama, educating medical personnel and the public on the importance of vaccinations, and ensuring that children who are in day care, Head Start and school are adequately immunized against diseases that are harmful and sometimes deadly.

The Immunization Division provides vaccine to the public using state and federal funds. The division participates in the Vaccines for Children Program (VFC) which is a federal entitlement program that provides vaccine at no cost to children under 19 years of age who are on Medicaid, are uninsured, are underinsured, or are American Indian or Alaskan Native. During 2006, there were 600 public and private providers enrolled in the VFC program with over \$28 million worth of vaccines distributed to providers actively vaccinating children and adolescents in Alabama. Immunization staff performed site visits and standard audits for enrolled providers to continuously promote proper storage and handling of vaccine, accurate and safe administration of vaccine and to improve vaccine coverage levels.

Influenza season is typically unpredictable and 2006 was no exception. Distribution of influenza vaccine to the state began slowly in October with the bulk of the shipments arriving in late November

causing many county health departments to reschedule clinics to be conducted after Thanksgiving. Over 270,000 doses of influenza vaccine were distributed by the Immunization Division statewide, including 82,950 doses to VFC providers for eligible children.

Alabama's population-based immunization registry known as Immunization Provider Registry with Internet Technology (ImmPRINT) continues to grow and reach out to more of the state. ImmPRINT contains over 2 million individual patient records with over 17 million doses in their vaccination histories. At the beginning of December 2006, contributors to the data in ImmPRINT included the Alabama Center for Health Statistics, Blue Cross Blue Shield of Alabama, the Alabama Medicaid Agency, 98 county health department clinics, 54 federally qualified health centers, 34 rural health centers and 212 private physician offices.

The Immunization Division annually conducts a School Entry Survey in conjunction with the

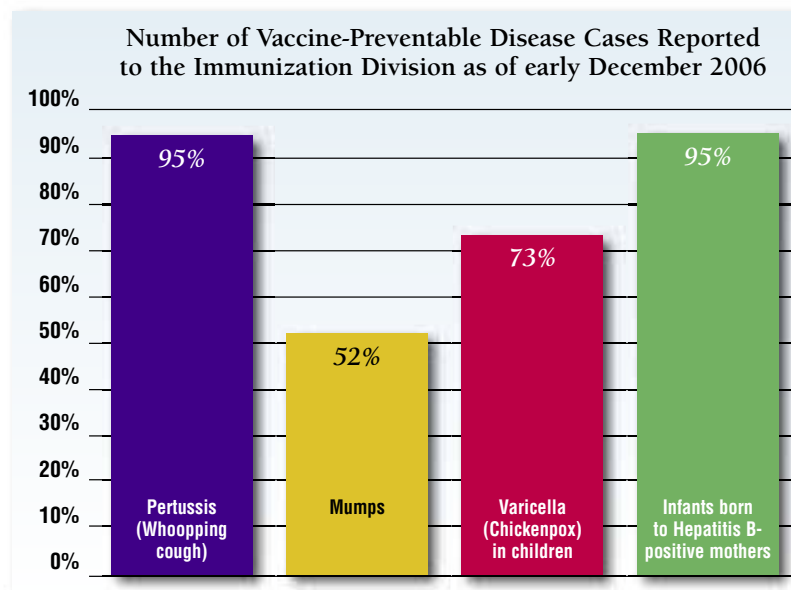
## ImmPRINT



Immunization Provider Registry  
with Internet Technology  
1-800-469-4599

Alabama Department of Public Health

Alabama Department of Education and a Day Care/Head Start Survey in cooperation with the Alabama Department of Human Resources. These surveys evaluate the immunization status of all children to ensure they have a current Certificate of Immunization or a valid exemption on file. During the 2005-06 school year, all public and private schools in the state responded to the School Entry Self-Survey, while 41 percent of day care and Head Start centers in the state responded to the self-survey. To validate the surveys, each year Immunization staff audit at least 25 percent of the schools and day care/Head Start centers in Alabama. In 2006, 527 schools and 490 of the



## Bureau of Communicable Disease *(continued)*

child care centers were visited. Of the records reviewed, 94 percent of school students and 96 percent of the child center children were found to have a valid certificate on file.

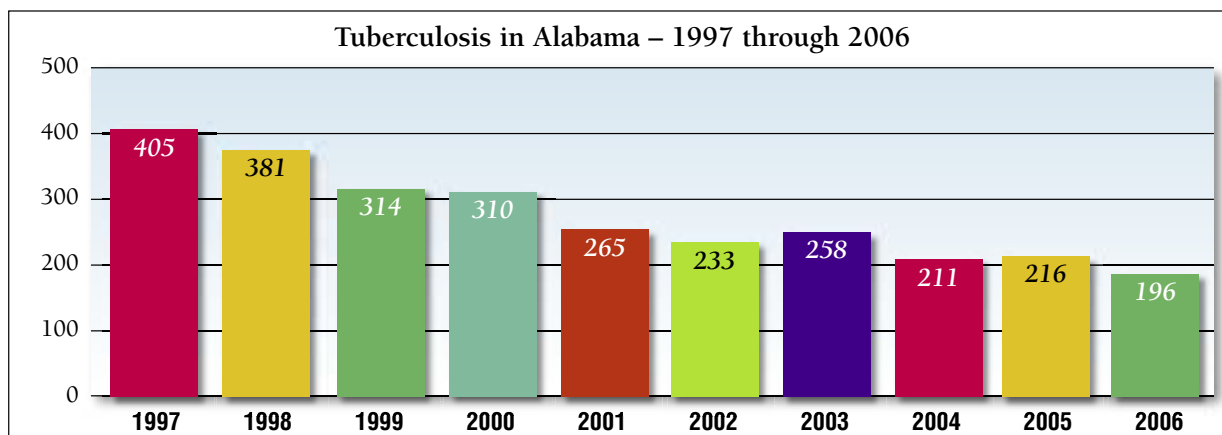
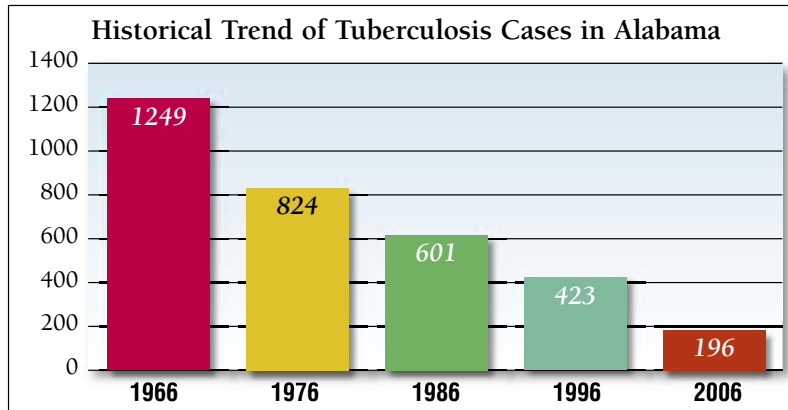
As part of the Immunization Division's surveillance and outreach to monitor and prevent the spread of vaccine-preventable diseases, Immunization staff investigates vaccine-preventable diseases reported by physicians and laboratories. The number of pertussis (whooping cough) cases reported continues to increase; as of early December 2006, 95 new cases had been investigated. A new vaccine targeting pertussis prevention in adolescents and adults, Tdap, is now available. Fifty-two possible cases of mumps were investigated resulting in three confirmed cases in the state. Chickenpox, a newly reportable disease, had 73 cases reported in 2006. The division's Perinatal Hepatitis B program provided case management for 95 infants born to mothers who were reported as positive for hepatitis B, 70 of those were identified prospectively. Immunization staff are in constant contact with hospitals and physicians to emphasize the importance of identifying possible cases to hasten intervention and prevention of further cases.

### Tuberculosis (TB) Control

The ultimate goal of the Division of TB Control is to eliminate tuberculosis in Alabama. Until that goal is reached, the division strives to reduce the annual burden of disease, limit transmission and prevent future cases through the provision of diagnostic, treatment and case management activities. The Division of TB Control provides these services to all persons in Alabama - regardless of the ability to pay. This commitment to the citizens of Alabama has contributed to the historic decline in morbidity noted below.

In 2006 the Division of TB Control verified and reported 196 cases of active TB disease. This figure represents a decrease of 20 cases (9.3 percent) from 2005, and is the first year on record that the department reported fewer than 200 cases.

While annual declines in tuberculosis morbidity offer tangible evidence of a successful public health effort, the division will continue to seek linkages with providers who serve populations at increased risk for TB. Fewer cases in the community may contribute to a lowered "index of suspicion" for TB, resulting in diagnostic delays. The medical community is encouraged to "Think TB" when patients present with persistent cough, or chest pain accompanied by weight loss. Chest radiography, as well as collection of sputum to "rule out" TB, should be considered for patients with these symptoms. Hospitals and private providers should refer patients with such symptoms to TB control staff through their local health department.





## STD Prevention and Control

The Division of STD Prevention and Control is charged with identifying populations at increased risk for infection in order to reduce their chances of developing a sexually transmitted disease (STD), transmitting it to others and/or developing related complications. Disease intervention specialists and clinical staff provide screening, diagnostic, education, treatment, partner notification and referral services in every county of Alabama. Chlamydia, gonorrhea, human immunodeficiency virus (HIV) and syphilis are the most frequently reported STDs within the state.

In the fall of 2005, the state laboratory acquired the technology to utilize urine-based testing for chlamydia and gonorrhea, and the testing has been implemented in all state public health clinics. Using the amplified urine-based test has expanded the availability of specimen collection, making the action easier and less time-consuming, and has dramatically increased the number of individuals tested, particularly among males. Individuals attending STD and family planning clinics are routinely screened for gonorrhea and chlamydia, and testing is more readily available at off-site locations. The sensitivity of the test has also resulted in the diagnosis and treatment of more infections.

A comparison of data with that for prior corresponding periods shows an increase of 35.7 percent in the number of chlamydia cases diagnosed and 7.8 percent in gonorrhea in 2006.

Alabama's positivity rate by age is consistent with national disease trends. The age group most affected by chlamydia and gonorrhea is

Individuals Treated for Chlamydia (CT) and Gonorrhea (GC) in Health Department Clinics January 1 to July 30, 2005 and 2006				
Public Health Area	2005 Chlamydia	2005 Gonorrhea	2006 Chlamydia	2006 Gonorrhea
<b>01</b>	415	177	422	144
<b>02</b>	901	585	789	432
<b>03</b>	429	244	690	291
<b>04</b>	1,754	958	2,366	1,170
<b>05</b>	220	77	624	221
<b>06</b>	503	279	793	350
<b>07</b>	469	211	428	154
<b>08</b>	1,295	722	1,848	794
<b>09</b>	401	208	591	271
<b>10</b>	526	288	735	268
<b>11</b>	904	724	1,322	804
<b>Totals</b>	<b>7,817</b>	<b>4,543</b>	<b>10,608</b>	<b>4,901</b>

15-19 year olds, followed by 20-24 year olds. The rate appears to decline after 25 years of age, a pattern that has remained consistent throughout the past five years.

Although the incidence of syphilis is on a downward trend nationwide, Alabama continues to experience an increase in early syphilis cases. Special emphasis is placed on early cases because that is when the infection is easily transmitted. During 2006, Public Health Area 4, which includes Birmingham, the state's most populous city, reported the majority of reported cases with 245, almost three times the number reported the previous year. Reported risk factors have been fairly consistent: drug use and exchanging sex for drugs or money.

The table to the right shows the incidence of primary and secondary syphilis reported by public health area during the past five years.

To help control the outbreak, disease intervention specialists and program managers from other parts of the state assisted with field work, interviews and case management. Through the Syphilis Elimination Effort, a project funded through the Centers for Disease Control and

Alabama Primary and Secondary Syphilis Reported by Public Health Area 2002-2006					
PHA	2002	2003	2004	2005	2006
<b>1</b>	0	1	2	2	6
<b>2</b>	6	21	45	8	19
<b>3</b>	5	3	1	2	7
<b>4</b>	9	22	31	40	245
<b>5</b>	8	9	26	6	9
<b>6</b>	5	3	4	6	8
<b>7</b>	5	0	2	1	0
<b>8</b>	106	47	42	12	15
<b>9</b>	3	0	2	1	1
<b>10</b>	0	1	6	3	9
<b>11</b>	2	8	4	4	5
<b>Total</b>	<b>149</b>	<b>115</b>	<b>165</b>	<b>85</b>	<b>324</b>

Prevention, a local community-based organization conducted screenings at local jails and neighborhood sites in areas with high rates and helped distribute educational information about the disease. A public information campaign on cable television helped to increase awareness about the symptoms and seriousness of the disease.

## Emergency Response

**T**he department coordinates its response to emergencies through the Center for Emergency Preparedness and the Office of Emergency Medical Services and Trauma.

### Center for Emergency Preparedness

The Centers for Disease Control and Prevention provided \$12,905,432 in a cooperative agreement with the Alabama Department of Public Health in 2005-2006. These funds were to be used in part by the Center for Emergency Preparedness in providing overall direction to and management of the department's assessment, planning and response to acts of bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies, such as meteorological, geological, chemical, radiological and industrial disasters.

#### Activities of the center for 2006 included:

- Conducted and participated in a functional hurricane exercise which included testing the department's call down and Incident Command System.
- Coordinated with area emergency preparedness staff to enhance plans, provide training and conduct exercises.
- Responded to 130 calls received by the staff duty officer.

Training activities of the center in 2006 included collaboration with various universities and vendors to prepare the workforce and public to respond to public health threats and emergencies – biological, chemical, nuclear,

# A D P H

## Alabama Department of Public Health EMERGENCY PREPAREDNESS



radiological and mass trauma. An array of workshops, tabletops and full-scale exercises were conducted in one of the 11 public health areas or one of the six hospital planning regions.

- 6 Forensic epidemiology workshops;
- 16 Mass casualty incidence/START training sessions;
- 2 Point of distribution exercises;
- 3 Receiving, staging and storing trainings;
- 6 Unfortunate bus exercises;
- 3 Volunteer symposiums;
- Hosted the Safe and Sound I Pediatric Conference with 350 in attendance; and
- Hosted the second Agricultural Security Conference with 312 in attendance.

The Health Resources and Services Administration's Hospital Bioterrorism Preparedness Program provided \$7,326,068 in a coopera-



tive agreement with the Alabama Department of Public Health in 2005-2006. These funds were designated to enhance hospital capacity and preparedness to respond to large numbers of patients presenting to hospitals following a naturally occurring disaster or terrorist action resulting in mass casualties.

Specific activities that concentrated on the assessment of health care partners to determine the overall state of readiness included:

- An annual hospital mass casualty assessment to gauge the improved state of readiness of hospitals to respond to local and regional emergencies. Information gained was used to determine funding for the purchase of four 50-bed hospital surge units, each capable of supporting 50 patients for seven days for a total of 1,400 patient days. The department also purchased 600 medical cots and linens which have

been placed on trailers prepared for deployment as needed.

- The Alabama Incident Management System (AIMS) software has been expanded to allow bi-directional communication between health care organizations requesting assistance with patient transfers and sharing staff and equipment. The department, the Alabama Hospital Association and the Alabama Nursing Home Association partner to staff a medical transfer center during mass casualty disasters. In addition to hospitals, AIMS has been expanded to include nursing homes, medical needs shelters, community health centers and emergency medical units.
- Seventy-seven community health centers in Alabama have received portable high efficiency particulate air filtration units. These units will allow the health centers to set up a negative pressure isolation environment to off-load patient care from local hospitals.

#### Additional activities included:

- Monthly reporting and quarterly tracking and reporting of emergency preparedness team activities for CDC and HRSA grant projects.
- Development of a call center database to be used in emergency events to help better track resource requests from affected public health areas.

## Office of Emergency Medical Services and Trauma

The Office of Emergency Medical Services and Trauma adopted new statewide EMS Patient Care Protocols in 2006. The protocols allow emergency medical technicians to perform to the level defined in the new American Heart Association's *Emergency Cardiac Care 2005 Guidelines*. Training activities of the office, with assistance from the six contracted regional emergency medical service agencies, included updating the state's approximately 11,000 EMTs on the protocol changes. The changes will go into effect Jan. 1, 2007.

The Office of Emergency Medical Services and Trauma took the lead in educating EMS provider transport services about the Alabama Incident Management System and encouraging participation. To date, approximately 30 percent of the EMS transport providers have been trained.

Efforts to develop and implement a statewide Trauma/Critical Care System continued in 2006. The State Trauma Registry and the Head and Spinal Cord Injury Program added two new employees to oversee the functions of these data collection programs and to increase hospital participation.

The following workload figures provide an overview of general regulatory functions of the Office of EMS and Trauma:

• Permitted ambulances inspected .....	287
• Licensed transport services inspected .....	63
• Advanced Life Support services permitted .....	62
• Individual EMTs licensed .....	6,322
• EMT licensure examinations administered .....	968

## Bureau of Health Promotion and Chronic Disease

**T**he Bureau of Health Promotion and Chronic Disease manages programs related to chronic disease prevention, cancer prevention, disability prevention, communications and social marketing, health education, public information, risk communication, risk surveillance, worksite wellness and video communications and distance learning.

### Arthritis Prevention

Arthritis includes more than 100 diseases and conditions. According to the 2005 Behavioral Risk Factor Surveillance System, 33 percent of Alabamians have some form of arthritis. Persons aged 65 or older are the fastest growing segment of Alabama's population and the impact of arthritis is expected to increase dramatically by the year 2020 as the "baby boomers" age.

In Alabama, the arthritis problem is magnified by a high level of obesity and lack of physical activity. There is a shortage of facilities and properly trained professionals in arthritis treatment, care, education and rehabilitation programs. The Alabama Arthritis Prevention and Treatment Coalition was established to address these issues. This past year the coalition held its eighth annual meeting to plan how to decrease the burden of arthritis in the state.

The coalition has implemented a comprehensive state arthritis control plan. This plan focuses on the following:

- promoting evidence-based self-management programs offered by the Arthritis Foundation, Alabama Chapter;
- communicating through the news media the benefits of physical activity, weight management and avoidance of

occupational or sports-related injuries;

- utilizing current technologies such as the Internet and videos;
- enhancing the understanding of the frequency, distribution and potential risk factors for arthritis in the state of Alabama;
- improving access to rheumatology care in certain geographic locations;
- integrating evaluation measures into activities.

Coalition workgroups have completed the following:

- created a community resource care case-based training module with continuing education units;
- increased access to a rheumatologist in three rural locations and one urban location;
- extended the reach of evidence-based self-management programs such as the Arthritis Foundation Self-Help Program, Arthritis Foundation Exercise Program and the Arthritis Foundation Aquatics Program in the state;
- trained 143 instructors for the exercise program and developed an overall evaluation plan in collaboration with the Alabama Department of Senior Services, Alabama Cooperative Extension System, Wallace Community College Nursing Program, parish nurses, City of Montgomery Parks and Recreation and several rural hospitals with wellness centers.

The self-help program that was established in a rural, low income, low literate and medically underserved area in East Wilcox County



has expanded to more than 18 counties statewide. Arthritis Branch staff trained 13 leaders in the self-help program. In addition, the exercise program has been established in 45 counties statewide to provide avenues for people to maintain and increase joint flexibility, expand range of motion and improve muscle strength.

A communications campaign with the theme "Physical Activity: the Arthritis Pain Reliever" is being initiated in different areas of Alabama annually. Emphasis will be placed on the importance of physical activity and appropriate physical activity. The campaign targets males and females age 45 to 64 that are African American or Caucasian with arthritis, a high school or less education and an income less than \$35,000. This past year the campaign focused on two targeted areas with 4,150 brochures placed in 35 sites, 13 newspaper advertisements displayed and 882 radio spots run.

### Cancer Registry

The Alabama Statewide Cancer Registry (ASCR), a population-based cancer registry, is an information system designed for the collection, management and



analysis of cancer data. The purpose of a cancer registry is to disseminate cancer data and information to public health and medical professionals, volunteer agencies, community groups and others who are interested in cancer prevention and control. Cancer is the second leading cause of death in Alabama, exceeded only by heart disease. Approximately one in three people will be diagnosed with cancer at some point in his or her lifetime. Based on estimates for 2006 from the American Cancer Society, there were 24,390 new cases of cancer and 9,840 cancer deaths in Alabama.

Effective prevention measures exist to substantially reduce the number of new cancer cases each year and to prevent cancer deaths. Cancer surveillance serves as the foundation for a comprehensive strategy to reduce illness and death from cancer and enables health professionals to better understand the cancer burden. As an indicator of the high quality of data collected by the registry, the ASCR was awarded the Silver Certification by the North American Association of Central Cancer Registries for data quality, completeness and timeliness.

Accordingly, the Alabama Statewide Cancer Registry plays a significant role in disseminating data to aid in efforts to reduce the burden of cancer in Alabama. The ASCR is a member of the Alabama Comprehensive Cancer Control Coalition and serves on the surveillance committee. The coalition, which consists of representatives from the Alabama Department of Public Health, community members, cancer organizations and academic and research institutions, works toward an integrated and coordinated

approach to reducing the incidence, morbidity and mortality of cancer. The registry's key function within the coalition includes the dissemination, utilization and sharing of cancer data.

In a collaborative effort with the American Cancer Society, the Alabama Statewide Cancer Registry produces *Alabama Cancer Facts and Figures* to provide annual cancer registry data that can serve as a resource for those working on cancer control in Alabama. In addition, ASCR data is included in national publications such as

*United States Cancer Statistics: 2002 Incidence and Mortality*, produced by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute.

## Comprehensive Cancer Control

The Alabama Comprehensive Cancer Control Program is in the final year of a five-year funding cycle from the Centers for Disease Control and Prevention. An application for five more years is being prepared for 2007. The ACCCP

**Alabama Cancer Incidence Rates  
By Site and Sex, 1996-2004 Combined\*\***

	Male		Female	
	Rate	Count	Rate	Count
All sites	536.2	94,752	397.4	91,108
Bladder	29.5	4,957	7.0	1,682
Brain & CNS	8.2	1,512	6.5	1,433
Breast	2.3	403	135.5	30,483
Cervix	*	*	9.9	2,096
Colon and Rectum	63.9	11,056	44.2	10,485
Esophagus	8.2	1,488	1.8	429
Hodgkin Lymphoma	2.7	515	1.9	409
Kidney	16.1	2,918	8.2	1,883
Larynx	9.9	1,808	2.0	453
Leukemia	12.1	2,107	7.6	1,737
Liver	6.3	1,096	2.5	590
Lung and Bronchus	109.5	19,373	48.4	11,400
Melanoma of the Skin	23.9	4,265	14.9	3,278
Myeloma	6.6	1,148	4.2	993
Non-Hodgkin Lymphoma	19.1	3,399	13.2	3,096
Oral Cavity and Pharynx	18.6	3,394	6.4	1,498
Ovary	*	*	13.5	3,093
Pancreas	12.0	2,069	8.9	2,142
Prostate	135.1	24,094	*	*
Stomach	9.1	1,549	4.8	1,161
Testis	4.0	767	*	*
Thyroid	3.0	557	7.8	1,643
Uterus	*	*	17.0	3,924

\* Not Applicable

\*\* Rates are per 100,000 and age-adjusted to the 2000 U.S. (18 age groups) standard.

## Bureau of Health Promotion and Chronic Disease *(continued)*

facilitates a statewide plan of cancer-related organizations through the Alabama Comprehensive Cancer Control Coalition. Four meetings were held this year with committee workshops on prevention, early detection, survivorship, research, environmental/medical/occupational exposure and surveillance. Speakers presented on mapping cancer cases; cancer myths and belief systems derived from focus groups in Mobile County; robotic prostatectomy advances; and tobacco-related oral cancers. Fifteen new members and/or agencies were recruited to join the coalition this past year. Staff began geocoding and mapping membership to identify the areas of the state where membership is missing. This information will be used to recruit new members so that the entire state is well represented in the coalition. Additionally, the program published monthly newsletters on cancer topics and coalition interests.

The program focused on many new directions this past year. In addition to ongoing projects focusing on colorectal, prostate and ovarian cancer messages to underserved populations conducted by the University of Alabama at Birmingham Minority Health Research Center, the program set new goals and strategies for statewide cancer control programs. Chambers, Lee, Macon, Russell and Tallapoosa counties were selected for skin, prostate, colorectal and lung cancer campaigns. Educational materials about cervical cancer were distributed statewide and included information on early detection and new research and treatment, such as the HPV vaccine.

Creative messaging was used to reach people such as the Auburn

Athletic Department distributing golf tees displaying the cancer coalition's Web site packaged along with cancer screening guidelines for men and for women. These golf tees were also distributed to local golf courses in the area. Also, recognizing that skin cancer can be prevented 50 years into the future by reaching the youth of Alabama, health promotional items for children and parents of babies were chosen for a skin cancer prevention campaign titled, *Alabama Put on Your Sun Screen and Smile*. The logo was placed on baby bibs and other items for children and youth. Taking advantage of their home visits, a creative partnership with department social workers helped the program reach young families with the bibs and sunscreen message.

During National Breast Cancer Awareness Month in October the program sent small breast models with palpable masses to the nursing staff in all of the county health departments to distribute to their patients. Models were also distributed to several hair salons during the month to promote screening awareness. In January, Cervical Cancer Awareness Month, and throughout the year educational materials about cervical cancer were distributed statewide and included information on early detection, research and treatment, particularly the new HPV vaccine, a cervical cancer prevention breakthrough for girls and women ages 9 to 26.

### Cardiovascular Health

In Alabama, as in the nation, cardiovascular disease is the leading cause of death. Cardiovascular disease, which includes heart disease and stroke, kills more Alabamians than all forms of cancer combined.

Alabama ranks fifth in the nation in death rates due to heart disease. Major health risk factors such as overweight, sedentary lifestyle, high blood pressure and high cholesterol levels contribute markedly to the development of heart disease. Community level efforts to make modest changes in one or more of these risk factors can have a large public health impact in reducing the incidence of heart disease.

Alabama ranks fourth in the nation in deaths due to stroke. A major risk factor for stroke is uncontrolled hypertension. Treating and controlling high blood pressure is essential in preventing stroke and other chronic conditions. Recognizing the signs and symptoms of stroke and getting immediate medical treatment is also critical to improved medical outcomes from an acute event. Prompt medical treatment for stroke can increase survival rates and reduce the long-term disability.

The mission of the Cardiovascular Health Branch is to improve the cardiovascular health of all Alabamians through promotion of heart healthy policies and activities that help make positive changes in local communities. Community projects supported efforts to raise awareness and facilitate change in high-risk communities regarding high blood pressure, high cholesterol, heart disease, nutrition, physical activity and recognition of signs and symptoms of heart attack and stroke. The branch worked with Alabama Worksites Workshop to help raise awareness of the importance of worksites playing an active role in employee's health. The healthcare community also benefited with quality improvement programs and

trainings for healthcare professionals.

As the number of people living with cardiovascular disease continues to rise and the state's population continues to age, the health burden of cardiovascular disease will greatly impact the health status of the state. Through the Cardiovascular Health Branch's work, significant strides can be made in reducing the burden of heart disease and stroke in Alabama.

### Communications and Health Marketing

The Communications and Health Marketing Division completed development of the new design and content management system of the department's Web site and began implementation. The design was planned to allow for more news and features on the front page; better navigation and faster access to information and online services; and a more coherent, professional look. Another goal was to provide front page information that established the Alabama Department of Public Health as part of the State of Alabama's Web network. Several programs began utilizing the new system's interactive features such as maps, surveys, forms and teaching tools. Secure, password-protected areas were added to department pages to allow for information exchange among employees and with partnering organizations, and the password-protected sites on the Web site were being brought into the new design to achieve a uniform look throughout. Of the over 80 site sections to be converted to the new design, approximately one-third had been moved by the end of 2006. County sites will be

developed in 2007. The implementation of the design was carried out by the division's new Development Media Branch, a section created to provide design and content management for the Web but also for electronic media such as interactive CDs to aid in education, information exchange, personnel recruitment and health promotion and emergency preparedness campaigns.

Adph.org recorded over 3 million page views in 2006. Several campaigns were being prepared in 2006 for implementation in 2007 to increase utilization of the department's online resources both internally and externally.

### Social Marketing

Much of the Social Marketing Branch's efforts were focused on two major topics – emergency preparedness and obesity. The branch oversaw the development and printing of over 370,000 *Are You Ready?* emergency preparedness guides for distribution statewide by public health area emergency preparedness teams and the Social Marketing Branch's emergency preparedness health education materials coordinator. The Risk Communication Branch had 50,000 public health volunteer brochures created and printed, and a volunteer Web site and CD were produced to provide online access to the Alabama Department of Public Health's Volunteer Network. Risk Communication also had 350,000 medical needs shelter pamphlets created and printed; and Social Marketing worked with Minority Health to create and print 50,000 Disaster Guides for the Mobile area to deal with hurricanes and flooding. Seven thousand *Emergency Preparedness Planning for Alabama's Healthcare Workers*

handbooks with CD and videotape were created and distributed to hospitals and other health care providers statewide. Pandemic flu materials developed included fact sheets on covering coughs and sneezes, handwashing, stocking supplies, cleaning and sterilizing and home care. One hundred fifty thousand copies of a booklet on *How to Prepare for a Flu Pandemic* were produced along with online versions focusing on daily disease control habits designed for various age ranges – elementary, junior and high school students, and for adults. All materials were placed on the Internet and were available in Spanish. All the fact sheets were translated into Vietnamese, Russian and Korean as well as being prepared for use by the visually and hearing impaired. Television spots on handwashing, covering coughs and home care were planned with the Mobile County Health Department for release in 2007. Social Marketing worked with Emergency Preparedness, Emergency Medical Services and Social Work offices to produce materials for several conferences such as the statewide Safe and Sound and volunteer meetings. Conference materials included a *Guide to Pediatric Preparedness* for hospitals and *Emergency Guidelines for Schools*. Three of the Social Marketing Branch's goals were established and met for disaster preparedness:

1. to assure that accurate records were kept of production and distribution of educational materials;
2. to begin measuring changes in knowledge based on those materials among target populations; and 3) to create ongoing access to emergency information through the department's Web site.

## Bureau of Health Promotion and Chronic Disease *(continued)*

Several marketing activities addressed the issue of obesity. The branch assisted Steps to a Healthier Alabama with the development of a DVD promoting the Healthy Steps Challenge wellness program for distribution to area businesses and with script writing for the School Health Index DVD to be produced in 2007. Other marketing activities for Steps included developing media campaigns for both the state and River Region, facilitating a focus group with educators regarding BMI in schools and creating new promotional materials for the Southeast Alabama Region.

In addition, the Social Marketing Branch coordinated and participated in client focus groups and staff surveys/interviews in Public Health Area 8 as a pilot project for customer service and workforce development. Other activities included developing marketing research and plans, print and CD materials, displays, television and radio spots, and Web sites for ALL Kids, Home Health, Injury Prevention, Suicide Prevention, WIC, Plan First, Immunization, Social Work, Hepatitis C and the Prescription Drug Monitoring Program. The branch assisted the Hospital Association with Scale Back Alabama, a weight loss campaign led by Alabama celebrity Reuben Studdard.

Media activities for department programs totaled more than \$1.5 million in 2006 and included radio, television, newspaper and outdoor. The department ran 6,684 television advertisements and 32,000 radio spots. In addition, the department utilized other delivery outlets including the Web and community organizations.

Other division activities included providing printing for more than 23.5 million pages of

administrative and education materials for health department offices and partnering organizations statewide. This included over 17,000 items such as posters, brochures, fact sheets, flyers, displays, manuals, identification badges, business cards, educational displays, reports and conference materials. More than 8.5 million pages were printed in-house by the Document Imaging Branch; the branch's bindery work included punching, binding, folding, cutting and padding over 2,750,000 items.

### Diabetes

The Diabetes Prevention and Control Program works in collaboration with numerous community groups, government departments and organizations to address diabetes. According to Behavioral Risk Factor Surveillance System (BRFSS) data, 333,500 Alabamians over the age of 18 are aware they have the disease. The Diabetes Program incorporates the National Diabetes Prevention and

Control objectives, Healthy People 2010 objectives and the Essential Public Health Service objectives within its program goals and objectives. The Alabama Diabetes Advisory Council is also an integral decision-making component of the Diabetes Branch.

During 2006 the program conducted *Systems Thinking* activities. Alabama is one of three states in the nation participating in the Centers for Disease Control's *Systems Thinking* approach to diabetes program planning. *Systems Thinking* has been defined as a future-oriented problem-solving and decision-making process allowing stakeholders to view inter-relationships rather than cause-effect chains. The concept is proactive and manages the processes of change; promotes and facilitates organizational learning; is creative and flexible in identifying and evaluating alternatives; anticipates the consequences of actions and responses; and optimizes opportunities to improve health status of communities.



Members of the Alabama Department of Public Health and the Alabama Diabetes Association join Governor Bob Riley as he signs a proclamation recognizing National Diabetes Month.



The Diabetes Program's *Systems Thinking* approach led to the 2006 Diabetes State Plan Summit where various organization and groups worked toward the development of a five-year diabetes state strategic plan.

The program is working toward improving the health of communities within the state. According to the 2005 BRFSS data, African Americans and other racial minorities comprise less than 29 percent of the state's total population. More than 35 percent of the estimated number of persons living with diabetes in the state are in minority populations. African American women are one and one half times as likely to have diabetes. During the year, Diabetes staff joined the Governor's Black Belt Action Commission Health Committee to work toward reducing the prevalence of the disease within rural areas.

The program contracted with the Alabama Diabetes Association in an effort to conduct *Project Power* programs in Jefferson and Montgomery counties. According to the association, lay educators called ambassadors were trained in 18 African American churches. The churches either have access to 21,160 people with diabetes or have people at risk for diabetes within their congregations.

The link among diabetes, obesity and lack of physical activity is a key target to reduce the incidence of Type 2 diabetes and to prevent and control diabetes-related complications. Staff continue to provide technical assistance to the Department of Education as the rate of Type 2 diabetes is steadily increasing and cases are more commonly reported among children.

A new partner, the Alabama Broadcasters Association, was invit-

ed to assist the council with mailing lists. Staff assisted the association with the production of 180 press packages with National Diabetes Education Program materials and distributed the packets to radio, television stations and newspapers during Diabetes Month. The program also submitted a proclamation signed by the governor of Alabama.

The state health officer and the Diabetes Advisory Council chair appeared on the Alabama Public Television program *For the Record*. Staff also appeared on a news program viewed by 23,935 people. Three articles featuring National Diabetes education materials were submitted. One of the articles on diabetes and nutrition was completed in collaboration with the Alabama Obesity Task Force.

Over 4,907 pieces of material were distributed to various organizations and programs during the first half of the year. This included providing the *Eagle Books* diabetes educational storybooks for American Indian children in Mobile County. The Diabetes Program provided several senior centers, nursing homes and assisted living facilities with materials to ensure that issues to support the annual immunization, influenza and pneumonia campaigns were addressed. Twenty-four displays focusing on hemoglobin A1C (average blood glucose sugar), blood pressure and cholesterol numbers were designed and distributed to various community sites. *Take Charge of Your Diabetes* self-management booklets were distributed.

Several efforts were made to collaborate with existing health care sites. Current contracts with the Jefferson, Houston and Mobile county health departments allow

for *Diabetes Today* coalition sites. The sites promote health promotion and diabetes prevention. Over 650 patient self reporting forms regarding A1C tests, dilated eye exams, foot exams and influenza and pneumonia vaccines have been completed through coordinated efforts of *Diabetes Today* coalitions. Staff visited and provided materials to *Diabetes Today* sites located in Bibb and Pickens counties under the auspices of the Appalachian Diabetes Control and Translation Public Project and the *Camp Sugar Falls* diabetes program for children. The Diabetes Program collaborated with the Alabama Cooperative Extension System to conduct *Diabetes and Obesity: the Twin Epidemics* attended by more than 70 individuals. The program collaborated with the Alabama American Diabetes Educators Association to conduct the *Innovations in Diabetes Self-Care: Update Your Skills and Knowledge of Diabetes Education and Care* conference attended by over 65 health professionals. Both the Diabetes Program and the Cardiovascular Health Branch collaborated with the Alabama Primary Health Care Association to conduct the *Redesign for Prevention* with 57 health professionals in attendance.

A total of 2,157 persons participated in Diabetes Program's annual Alabama Public Health Training Network national satellite training for health professionals. Continuing education units and continuing medical education hours were offered at all trainings and conferences.

## Injury Prevention

The Injury Prevention Division endeavors to reduce death and disability from intentional and unintentional injuries through data

## Bureau of Health Promotion and Chronic Disease *(continued)*

collection and the coordination and implementation of health promotion and education programs. Current funded programs include fire safety, motor vehicle safety and violence against women.

Alabama ranks among the top 10 states in fire deaths and injuries. Through the Alabama Smoke Alarm Initiative, the division is able to provide home fire safety education and smoke alarm installation in high-risk communities. The community-based project is implemented through partnerships with fire departments and community volunteers at the local level as well as the Injury Prevention Division and the State Fire Marshal's Office at the state level. Community residents receive information regarding fire prevention, smoke alarm installation and maintenance, and home evacuation planning. To date, the initiative has worked with 20 fire departments throughout the state reaching more than 6,500 homes with fire safety messages and installed more than 4,800 smoke alarms. The program has documented 58 lives saved to date.

The use of seat belts and child restraints has been shown to reduce fatalities. In 2006, 83 percent of Alabamians buckled up their seatbelts and 88 percent put their children in car seats. Through the Occupant Restraint Program, the department will continue to increase awareness and provide education to Alabamians regarding the importance of appropriate occupant restraints. In addition to conducting observational surveys to determine Alabama's usage rates, educational activities include a statewide poster contest for elementary school children.

The division is also committed to reducing violence against

women, specifically sexual assault and domestic violence. Through the Rape Prevention and Education Program, the Alabama Coalition Against Rape receives funding and support for its 15-member rape crisis centers. The centers provide a 24-hour rape hotline, and provide educational information to schools, organizations and communities regarding rape prevention.

Through the Violence Against Women Program, a partnership with leaders throughout Alabama resulted in the establishment of a statewide plan to address violence against women. The comprehensive plan addresses every aspect of society from health care providers to law enforcement to the judicial system to victims themselves. Efforts to prioritize and implement portions of the plan are underway.

The division also serves on the Alabama Suicide Task Force, a collaboration with several state agencies. The task force published a state plan to address suicide and seeks to obtain funding for prevention activities. Additional efforts include the promotion of bicycle and playground safety and the establishment of funding to address youth violence.

### Public Information

The goal of the Public Information Division is to improve public health by providing information through the mass media and through departmental publications.

The division provides health information to the news media and agency staff regarding departmental objectives and activities. In 2006 the division prepared and distributed more than 50 news releases; assisted with news media campaigns; composed radio public

service announcements; edited the monthly publication, *Alabama's Health*; moderated numerous educational programs by satellite; distributed video monitoring reports; and coordinated regular appearances on a television talk show. The division also edited the department's annual report which details the past year's activities and expenditures.

The division distributed notices and news releases to the news media electronically and through facsimiles according to the media outlet's expressed preference for receiving information. The Health Alert Network expedited the distribution of faxed news releases. News releases are published on the department's Internet Web site and are sent to all agency employees by e-mail upon release. *Alabama's Health*, the official agency publication, is also made available on the department's Web site and is printed in-house to reduce costs. The design of this publication was updated in mid-year.

In order to communicate agency objectives and plans to the public and to special target audiences, division staff also composed and edited a variety of publications and worked on numerous projects and promotions. These included meeting summaries, reports, fliers, booklets, address/telephone rosters, news conferences, proclamations, public service announcements, fact sheets and audio voice messages.

Division staff participated as public information officers as members of the Incident Command System response teams, participated in a weeklong full-scale national simulated transportation radiological incident, and planned communications strategies in the event of pandemic influenza.

## Risk Communication

The Risk Communication Branch works to ensure that the department is prepared to respond to the communication challenges that occur during both man-made and natural crisis events by providing communication materials and training programs for departmental staff and partners, as well as preparation materials for Alabama citizens.

During 2006 the Risk Communication Branch completed several projects for the department's emergency preparedness program including updating the department's risk communication plan and writing preparedness news releases and articles for statewide dissemination. In addition, the branch also created and produced emergency preparedness communication materials including brochures, videos, articles, pre-drafted news releases, public service announcements and fact sheets. The branch's Web site was updated to include:

- risk communication training programs
- articles and links on emergency preparedness issues/resources
- disease fact sheets
- emergency preparedness surveys, quizzes and tips

To ensure that all members of Alabama's population can receive pertinent information on emergency preparedness, the Risk Communication Branch continued to work on the department's special population task force to determine the needs of special populations, such as those persons with vision, hearing and physical impairments and the non-English speaking. The branch also partnered with a statewide information hotline to give citizens more access to Public Health emergency preparedness information.

Staff also assisted in departmental emergency preparedness satellite programs, tabletops and statewide full-scale exercises.

## Risk Surveillance

The purpose of the Risk Surveillance Unit is to identify and measure the health practices, attitudes and conditions that place adults in Alabama at risk for chronic diseases, injuries and preventable infectious diseases. More than half the deaths that occur each year can be attributed to modifiable health risk factors. The Alabama Behavioral Risk Factor Surveillance System, or BRFSS, is an annual telephone survey which monitors the health-related risk behaviors among the adult population in Alabama. The information gathered in these surveys is used to evaluate the success of reducing the prevalence of health behaviors that endanger public health. By providing this information, public health officials can strive for change through programs which promote healthy lifestyles and improve health status for all Alabamians.

In 2005, 3,197 Alabama adults participated in the Alabama Behavioral Risk Factor Survey and reported the following concerning their health practices and daily living habits:

- 24.7 percent classified themselves as current smokers.
- 9.7 percent reported being told by a doctor that they have diabetes.
- 31.2 percent reported being told that their blood pressure is high.
- 62.4 percent are overweight or obese based on body mass index.

- 25.0 percent stated that they had received a flu shot in the past year.
- 82.8 percent reported having some type of health care coverage

The Risk Surveillance Unit responds to numerous data requests from within the department, from outside agencies and news media. Also, the data serve as an effective tool in planning for future public health activities and evaluation.

## Steps to a Healthier Alabama

In 2006, Steps to a Healthier Alabama completed the second year of a five-year program under the U.S. Department of Health and Human Services Steps to a HealthierUS initiative.

The program is located in the department's Bureau of Health Promotion and Chronic Disease and is working to reduce the burden of diabetes, obesity and asthma and their related risk factors of poor nutrition, physical inactivity, tobacco use and exposure, through funding community-based interventions in two regions of the state.

Using the concept that small lifestyle changes over time can yield lasting health benefits, the Steps initiative is designed to promote efforts that encourage people to make small changes to reduce the burden of these leading chronic diseases and risk factors.

The Steps River Region program is organized by the Montgomery Area Wellness Coalition and includes Autauga, Elmore, Lowndes, Macon and Montgomery counties. The Steps Southeast Alabama Region is led by the Charles Henderson Child Health Center and includes Pike and Barbour counties.

## Bureau of Health Promotion and Chronic Disease *(continued)*

### Activities in 2006 included:

- Schools completing the School Health Index, a self-assessment and planning tool for healthy schools, focused on nutrition, physical activity and asthma prevention;
- Businesses participating in the Healthy Steps Challenge, a 10-week team/incentive based physical activity worksite intervention;
- Asthma education ongoing in schools – Open Airways, Asthma 101 and an Asthma Safari in Pike County where young children learned to recognize and manage their asthma symptoms and triggers;
- Wellness advocates supporting persons throughout the River Region to make healthy lifestyle changes and to access and use health and social services as needed;
- Media campaigns including billboards, television and radio with messages about physical activity and good nutrition;
- Training for physical education teachers using a new electronic system of student physical fitness testing;
- Technical assistance to school systems developing and implementing local wellness policies;
- A summer workshop conducted by faculty at Auburn University Montgomery for classroom teachers, physical education teachers and student teachers titled *No Child Left on their Behind: Reinforcing Academics through Movement*.

### Tobacco Prevention and Control

The Tobacco Prevention and Control Division provides technical assistance and funding to all 11

public health areas and 17 youth serving organizations statewide. Funding for these state and local level programs is provided by the State of Alabama and the Centers for Disease Control and Prevention. The division's mission is to improve the health of all Alabamians by working to prevent youth initiation of tobacco use, promote quitting among youth and adults and eliminate exposure to secondhand smoke.

### 2006 Accomplishments

- The area programs conducted eight public forums to educate decision makers and the community on the benefits of implementing stronger policies to protect citizens from secondhand smoke. Fifteen cities passed smoke free ordinances in 2006 that restrict the use of tobacco in public places.
- The Alabama Tobacco Quitline, a toll-free tobacco cessation line (1-800-Quit Now) that helps Alabamians quit tobacco, served more than 9,000 callers in 2006. The service provides callers with free individualized counseling, educational materials, referrals to local programs and a two-week supply of the nicotine replacement therapy patch, if indicated. The new Nicotine Replacement Therapy Patch Pilot Program launched in April produced increased call volume to the Quitline and a 32 percent 30-day cessation rate for Quitline callers.
- The Youth Tobacco Prevention Program funded 17 communities statewide to conduct tobacco use and exposure prevention and empowerment programs to educate communities about the dangers of

exposure to secondhand smoke and to encourage local policy development.

- The Youth Program obtained weighted data from the 2006 Youth Tobacco Survey which measures middle and high school students' attitudes, beliefs and behaviors on tobacco-related issues.
- Area tobacco control coordinators trained 438 healthcare providers to implement the U.S. Public Health Service's *Clinical Practice Guidelines for Treating Tobacco Use and Dependency*. Local tobacco control coordinators are providing accredited training free of charge using the 5 As and the Ask, Advise, Refer, Prescribe (AARP) Brief Intervention models.
- School dress code policies were collected and analyzed from 30 public school systems to determine if pro-tobacco messages were allowed in the schools. The results of the analysis, which is posted on the [www.adph.org/tobacco](http://www.adph.org/tobacco) Web site, will be used by the program to encourage school systems to strengthen their dress code policies.
- Tobacco-related policies from 45 work sites were reviewed to determine the level of protection from secondhand smoke exposure and assistance offered to employees who want to quit using tobacco offered by employers. The results of the analysis were posted on the [www.adph.org/tobacco](http://www.adph.org/tobacco) Web site and were used to encourage employers to strengthen their policies.
- Area tobacco control coordinators conducted 87 smoke free



homes presentations to 854 parents and teachers of low socioeconomic status children. More than 600 participants pledged to make their homes and cars smoke free.

## Video Communications and Distance Learning

Emergency communications continue to play a significant role in the daily activities of the Video Communications and Distance Learning Division as the department's satellite uplink and production vehicle is now fully equipped for disaster response. Designed in 1994, the vehicle was in need of equipment upgrades to remain current with new technologies for both routine broadcasts and emergency response activities. New systems integrated in the vehicle result in a fully versatile mobile unit which now provides video production capability, satellite broadcasts in either analog or digital formats, live or on-demand webcasts, connectivity via satellite for wireless Internet, e-mail, fax and IP phone use, a satellite phone, four cell phones, DSS receive capability and other customized features which can serve to accommodate routine communications or emergency broadcast operations and response. All of these services can be deployed without land-based connectivity requirements including power, telephone lines or video cables.

Emergency broadcasts for the state health officer, the governor and several Alabama state departments provided critical information to Alabamians, the media, rescue workers and first responders and others working in the aftermath of the widespread disaster Hurricane Katrina. The morning after Katrina made landfall, division staff went to the State Emergency Operations

Center in Clanton to broadcast a news conference. During the next several weeks, the division produced many emergency broadcasts not only for the governor and the department, but also for other state agencies such as the Departments of Human Resources and Education and the national media including MSNBC. Throughout the year, the Video Communications and Distance Learning Division produced a record 12 news conferences by satellite broadcast with live simultaneous webcasts, meeting the need to provide urgent and timely information to employees and the media.

The division's increasing utilization of webcast technology continues to provide both new and unlimited educational opportunities for public health employees, not only in Alabama but also around the world. Working with the department's new learning content management system known as the LCMS, division staff have been instrumental in the design of many unique features specific to distance learning. For example, division staff develop highly specialized registration and evaluation forms that assess participant knowledge pre and post satellite conference or webcast. This not only complements the educational distance learning program, but also provides valuable data to document an increase in knowledge after participation in the course.

The department's grant from the Health Resources and Services Administration provided funding to the Alabama Hospital Association, further expanding the distance learning infrastructure in the state by providing a total of 101 satellite downlink systems to acute care hospitals around Alabama. All of these facilities are now able to participate in important preparedness

training and educational programs.

Through a cooperative agreement with the University of South Alabama, the department's video conferencing system at the RSA Tower has been made available for employees to conduct both meetings and to participate in training. This two-way video and two-way audio distance learning conferencing system proves to be efficient and provide significant cost saving for the department. Plans are being developed to provide a similar system to the University of Alabama at Birmingham School of Public Health so that select courses can be offered to department employees via distance learning.

In 2003, the Governor's Commission on Efficiency, Consolidation and Funding recognized the department's successful use of satellite conferencing as a cost-effective method in providing training and education. The department continues to excel as a state and national leader in distance learning. It has been 14 years since the Video Communications and Distance Learning Division produced the first satellite conference for department employees and the Alabama Department of Public Health continues to lead the state and the nation in the utilization of this technology to educate the public health workforce. The department is the only state public health agency in the country to have both the equipment and staff to produce live satellite conferences for continuing education, in-service training and news conferences for the media. The department infrastructure including the Ku-band satellite uplink vehicle includes an edit room, a master control room and a studio. In addition, the department has 65 county health department facilities that have satellite downlink antennas, which

## Bureau of Health Promotion and Chronic Disease *(continued)*

provides convenient and efficient access for employees to participate in satellite conference training and educational programs.

The Video Communications and Distance Learning Division initiated national satellite conference activities and the subsequent development of the Public Health Training Network (PHTN) by working in collaboration with the Centers for Disease Control and Prevention in 1992. Today the PHTN is the nationally recognized provider of public health training and education programs with the Alabama Department of Public Health producing more programs than any other state or federal agency. In 2006, the Alabama Department of Public Health produced over 50 continuing education satellite conferences and live webcasts for the PHTN and the national public health workforce. The department also provides video production and satellite conferencing/webcasts services to other Alabama agencies and national organizations. The Video Communications and Distance Learning Division has produced satellite conferences/webcasts in conjunction with the annual meetings of such national organizations as the American Public Health Association, the Directors of Health Promotion and Education, the National Association for Continence and the Centers for Disease Control and Prevention. The division also produces a monthly series for the South Central Center for Public Health Preparedness that is funded and co-sponsored jointly by the Schools of Public Health at Tulane and the University of Alabama at Birmingham.

The division continues to maximize the growth of Internet technology for marketing programs,

processing electronic registration for program participants and as a vehicle to disseminate conference packet/handout materials.

Participant enrollment in courses is electronically monitored, as well as all administrative functions such as reporting and marketing. The division's Web site also has on-demand webcasts of select satellite conferences, educational programs and news conferences.

The Video Communications and Distance Learning Division also produces other projects such as video educational programs, news conferences, television and radio public service announcements. The division uplinks department news conferences live as well as produces special video packages for the Alabama media. A high speed CD/DVD duplicator and printer along with the videotape dubbing equipment provides for efficient and prompt turn-around in providing thousands of educational programs to be distributed in Alabama and nationally each year.

### Worksite Wellness

The Worksite Wellness Division's main purpose is to plan, develop, implement and evaluate worksite wellness programs on a fee-for-service basis. The division's state level staff works in coordination with the county health departments to provide statewide service. The division contracts with two of the largest self-funded health care plans to provide various wellness services for most state employees and public education employees. Services are also provided to the dependents and retirees of these health plans. The division also provides wellness services for private industry and community groups.

HealthWise, a wellness program funded by the Public Education

Employees' Health Insurance Plan, began its sixth year of operations. The program provides health screenings, osteoporosis screenings and influenza immunizations.

The HealthWise health screenings consist of a blood pressure check, a pulse reading, osteoporosis screening and an assessment of blood sugar, total cholesterol and high-density lipoprotein levels. A colorectal cancer screening test is also provided to "at-risk" participants. Almost 21,000 eligible participants were screened in 2006, 9,426 had their bone density measured and 2,792 received the colorectal cancer screening test.

HealthWatch, a wellness program for state employees, began its 14th year of operations. This program is funded by the State Employees' Insurance Board for its enrolled participants. The program provides health screenings, quarterly blood pressure checks and influenza immunizations.

The HealthWatch health screenings consist of a blood pressure check, a pulse reading and an assessment of blood sugar and total cholesterol levels. Over 4,000 eligible participants were screened in fiscal year 2006, and 15,689 participated in the blood pressure control program.

Influenza vaccinations increased dramatically this past year as a result of increased vaccine supply. A total of 48,258 vaccinations were administered to eligible HealthWise and HealthWatch participants.

Both the HealthWatch and the HealthWise programs screen for potential health problems, make referrals to the medical community and provide education about preventive practices and recommended health guidelines. Both are voluntary programs offered free of charge to eligible participants at their worksite during the work day.

## Bureau of Clinical Laboratories

**T**he goal of the Bureau of Clinical Laboratories is to provide testing for diseases of public health significance; offer diagnostic capabilities unavailable to the private sector; provide private laboratories with reference services; administer regulations; provide educational services; institute testing procedures; and provide data to agencies.

### Clinical Chemistry

The Clinical Chemistry Division of the Bureau of Clinical Laboratories is comprised of three branches: Clinical Services, Lead, and Chemical Terrorism/Biomonitoring (CT). The division receives both clinical and environmental samples for analysis.

The Clinical Services Branch of the division performed testing for routine chemistry profiles, complete blood counts, CD4 lymphocyte subset enumeration and quantitative HIV Polymerase Chain Reaction (PCR) for viral loads. Clinical chemistry testing equipment and software were upgraded and verified to ensure quality chemistry results. Specimens were received from county health departments, federally funded primary health care centers and community based HIV treatment programs. During fiscal year 2006, the Clinical Services Branch experienced no appreciable difference in specimen volume as compared to the previous year.

During fiscal year 2006, the Lead Branch identified 3.4 percent of the 15,701 clinical blood lead specimens tested as positive. Clinical blood leads are considered positive when lead values are  $\geq 10$  ug/dl. These specimens were submitted by county health departments and private providers. Also

in this branch, environmental lead testing was performed on 2,210 samples submitted by state environmentalists. Two hundred fifty of these samples (11.3 percent) tested positive. The breakdown for environmental samples included 79.1 percent wipes (11.3 percent of these testing positive); 6.3 percent soils (18 percent tested positive); 2.3 percent paints (40 percent tested positive); and 12.3 percent waters (3 percent tested positive). The Environmental Lead Section was accredited once again by the American Industrial Hygiene Association for analysis on soil, paint and dust wipes.

The newest branch of the division, the CT Branch, purchased several new instruments during fiscal year 2006, including a new GC/MS, TOF mass spectrometer, and LC/MS/MS. The laboratory serves as a Level Two laboratory in the nationwide Laboratory Response Network. In this capacity, the CT laboratory must be validated for cyanide and trace metal analysis. Currently, validation for cyanide, trace metals, arsenic and selenium has been completed with nerve agent validation pending. Future programs include blood metal analysis and testing for ricinine, nitrogen and sulfur mustards and volatile organic compounds. The laboratory has expanded its secure storage capability and continues to participate in training sessions for the analytical staff.

### Metabolic

The Metabolic Division expanded testing for many genetic disorders that can be detected in the newborn. Newborn screening involves testing for the following disorders: hypothyroidism, congenital adrenal hyperplasia,



galactosemia, phenylketonuria, sickle cell anemia (including other abnormal hemoglobinopathies), biotinidase deficiency, amino acid disorders, fatty acid disorders and organic acid disorders. During the past year, the division screened approximately 60,382 newborns within the first 48 hours of life as well as conducted a second test on these infants at 2-6 weeks of life. Forty-nine infants were identified as positive for sickle cell anemia, 29 were positive for hypothyroidism, seven were positive for phenylketonuria (four were classical), one for galactosemia and one for MCADD.

### Microbiology

The Microbiology Division continues to maintain programs supported by the state, as well as through grant funding. Many of the division's programs are supported by funds received from the Centers for Disease Control and Prevention for emergency preparedness and laboratory epidemiologic surveillance. Oftentimes, some of these programs may overlap in duties.

Two changes occurred in the division during this past year including losing two employees that were hired under the

## Bureau of Clinical Laboratories (continued)

Emergency Response Agreement. The Gonorrhea Program was also transferred to the Serology Division with a change in methodology for gonorrhea screening.

### Bioterrorism Section

Eleven environmental specimens (white powders and threatening letters) were tested using CDC rapid molecular methods. None was found to contain biological agents. Noteworthy is that five of these specimens were from Louisiana due to damage of its laboratory during Hurricane Katrina.

The division participated in the College of American Pathologists' Laboratory Preparedness Survey and the *Varicella Zoster Virus* Direct Fluorescent Antibody Proficiency Testing Programs. It also participated in the CDC BT Proficiency Testing Program for Severe Acute Respiratory Syndrome (SARS) coronavirus serology, SARS polymerase chain reaction, *Burkholderia* Deoxyribonucleic acid (DNA), *Clostridium botulinum* toxin by digoxigenin enzyme linked immunosorbent assay (DIG ELISA), *Francisella tularensis* and the CDC Bioterrorism Multiple Agent Panel. The World Health Organization and the Centers for Disease Control and Prevention have terminated testing for SARS at clinical and public health laboratories since there has not been a case in two years.

The bioterrorism laboratory staff conducted three laboratory preparedness wet workshops for Sentinel Laboratories with 28 participants, and produced three newsletter publications this past fiscal year. The laboratory sponsored one statewide Sentinel meeting with 51 participants from around the state and conducted 41 onsite visits to the Sentinel Laboratories.

### Reference Bacteriology Section

One *Francisella tularensis* culture from a fatal case in North Alabama was identified, and one case of infant botulinum was undetectable by culture but confirmed by toxin detection testing in the Emerging Infectious Disease Branch of the division. The number of *Escherichia coli* 0157:H7 isolates remained about the same as the previous year with 42 confirmed specimens. The number of non-0157: H7 Shiga toxin producing *Escherichia coli* increased from 9 to 18 during this period. There were seven *Vibrio* species, six *Neisseria meningitidis* and 14 *Haemophilus influenzae* specimens submitted for confirmation. *Bordetella pertussis* testing still remains a large part of the specimen load but only four confirmed cultures were found.

One foodborne illness case at a prison was investigated and *Clostridium perfringens* was isolated from two of the patients' specimens. No pathogens were isolated from the foods submitted for testing.

### Parasitology Section

Parasitology had eight *Malaria* specimens, seven *Giardia lamblia* cases, three *Entamoeba histolytica*, three cases of *Cryptosporidium* and one *Schistosoma mansoni*. Performing permanent stains on the fecal specimens resulted in detecting three infections caused by *Dientamoeba fragilis*, which would have been missed during routine examinations. The section continues to use the DPDx telediagnosis system in difficult cases.

### Enteric Section

The Enteric section received a total of 1,335 specimens during the fiscal period of 2005-2006. This was a 5 percent increase in total specimens over 2004-2005. There

was a 2 percent decrease in the number of fecal specimens received. There were two *Salmonella typhi* isolated during the year and one *Salmonella paratyphi* A. Overall, there was a 5 percent increase in the number of salmonella isolated and a 4 percent decrease in the number of shigella from the previous year. There was one shigella outbreak in Northeast Alabama.

A total of 67 specimens were submitted to the National Antimicrobial Resistance Monitoring System. There were 44 *Salmonella* sp., nine *Shigella* sp., one *Escherichia coli* 0157:H7, seven *Vibrio* species, four *Listeria monocytogenes* and two *Salmonella typhi* submitted during the year.

Testing raw meats and finished meat products for the Alabama Department of Agriculture and Industries was conducted. No pathogens were isolated from any of the products received.

### Molecular Methods Section

- **Influenza** – During this past fiscal year, the division began testing for influenza by real-time PCR. One hundred forty-five specimens were tested with 99 testing positive for Flu A (H1 and H3) and 20 for Flu B.
- **VZV** – Two cases of *Varicella* were confirmed using VZV DFA and PCR. One case was to rule out smallpox in a South Alabama town and the other was to confirm a case before inmates were to be moved from a prison facility.
- **PulseNet** – The division doubled the number of specimens analyzed and DNA fingerprint patterns reported to the PulseNet National Server at the CDC. Table 1 summarizes the bacterial types that were subtyped, while Table 2 indicates the number of

Table 1: Specimens Subtyped	
<i>E. coli</i> O157:H7	35
Salmonella	157
Shigella	749
Total	941

Table 2: Clusters Detected	
Enteritidis	3
Montevideo	3
Typhimurium	3
Saintpaul	1
Newport	1
4. [5], 12:i	1
Javiana	1
Shigella sonnei	1
Total	14

clusters determined by analysis in the Alabama PFGE laboratory. Figures 2 and 3 show the percent distribution for salmonella and shigella respectively, added to the Alabama's PFGE database during this past fiscal year.

Other PFGE highlights this past fiscal year include participation in the fall 2005 PulseNet PT and participation in two CDC validation projects: 1) the standardized *Vibrio parahaemolyticus* protocol, and 2) the Bionumerics beta testing for *Vibrio cholera* and *Yersinia pestis*. As a result of these efforts, a manuscript was submitted to the *Journal of Foodborne Pathogens and Disease* with a member of Alabama's PulseNet testing team listed as an author.

#### Rapid Serological Assays Section

- **West Nile virus** – The West Nile virus laboratory team tested 158 human specimens this fiscal year, up 12 percent from last year. Seven specimens tested positive for IgM and three for IgG, down 30 percent and 25 percent respectively, from last year's positives. The division only

Figure 2: Percent Distribution of Salmonella Database  
October 2005 - September 2006

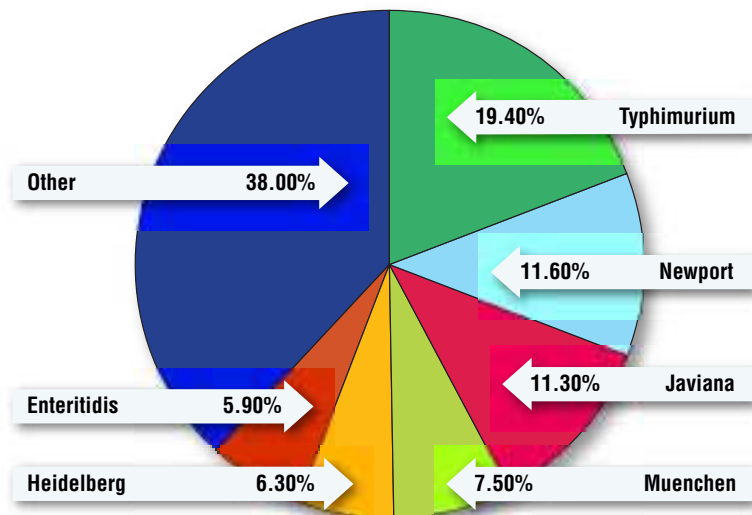
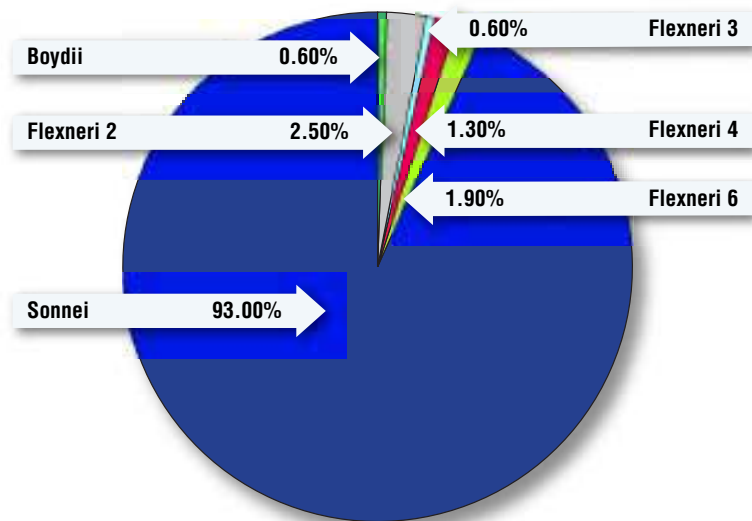


Figure 3: Percent Distribution of Shigella Database  
October 2005 - September 2006



received nine birds this past fiscal year (55 percent less than last year) with none testing positive for the virus. The testing staff proved successful in the 2006 CDC WNV PT for IgM and IgG antibody assays.

- **Botulinum toxin** – Two clinical specimens were received this past fiscal year for botulinum toxin testing. One of the specimens tested positive by the DIG ELISA and mouse bioassay.



## Bureau of Clinical Laboratories (continued)

### Rabies Section

The Montgomery Rabies laboratory received 1,113 specimens, representing a 10.8 percent decline from last fiscal year. However, the 65 specimens that tested positive (48 raccoons, nine foxes, seven bats and one cat) show an 18 percent increase over last year.

### Respiratory Disease

The Respiratory Disease Division received 12,823 specimens to identify for mycobacteria and actinomycetes; 423 of these were referred cultures. The Mycobacteriology Section performed 1,768 DNA probes and 913 high performance liquid chromatographies for the identification of *M. tuberculosis* and other non-tuberculous mycobacteria. Drug susceptibilities were performed on 434 samples. The Mycology Section received 4,813 specimens for fungal identification (1,381 were referred cultures) and identified 1,407 dermatophytes, 272 yeasts and 1,309 other fungi, including six *Histoplasma capsulatum* and two *Blastomyces dermatitidis*.

The division continues participation in the Tuberculosis Cooperative Agreement Grant and the Centers for Disease Control and Prevention's Tuberculosis Multi-Drug Resistant Susceptibility Study. Isolates from all new cases of *M. tuberculosis* are being sent to the regional DNA Fingerprint laboratory in California for genotyping.

The Mycology Section is also continuing participation in the study of significant systemic mycosis conducted by the Medical Mycological Society of the Americas through the Department of Microbiology and Immunology at the University of California in San Francisco.

### Serology

The *Chlamydia trachomatis* and *Neisseria gonorrhea* amplified testing for the year maintained the positivity rates experienced with the introduction of the new procedure. The positivity rate for chlamydia increased slightly to 14.1 percent and the positivity rate for gonorrhea decreased slightly to 5.8 percent.

The ABO/RH program was discontinued in October 2006 due to a decrease in utilization. Personnel from the program were transferred to other areas in the lab.

Syphilis testing increased to 51,609 as a result of a change in service areas. The positivity rate remained 3.9 percent.

The HIV Section performed 123,714 EIA screening tests for HIV. Western blots were performed on 826 specimens that were positive for EIA screening.

### Quality Management

The Quality Management Division continues with the additional responsibilities of safety management and other management functions. The division director is now responsible for managing the Alabama County

Health Department Laboratory System. Technical consultants in the division monitor Clinical Laboratory Improvement Amendment compliance of both the Clinical Laboratory and the county health departments. Competency evaluations and training are offered to county health department personnel as well as on-site reviews and consultations.

### Sanitary Bacteriology/Media

The Sanitary Bacteriology/Media Division, located in the Montgomery Laboratory, tests dairy products, public and private water samples, as well as prepares the media used by both the county health departments and within the lab system. The number of both dairy and water samples tested remained relatively the same when compared to 2005. Working with the Alabama Department of Environmental Management, five public water utility laboratories were inspected for compliance with state and federal regulations. The Media Section made a total of 4,299 liters of media which poured into 5,196 flasks, 78,937 plates and 186,567 tubes. The breakdown for each division is shown in Table 3 below.

TABLE 3	Liters	Tubes	Plates	Flasks/Bottles
PKU	13	*	*	*
Serology	265	*	*	13 flasks
Milk and Water	198	2,200	*	1,150 flasks/bottles
TB	1,297	88,124	6,886	210 flasks
Mycology	164	27,059	160	200 flasks/bottles
Microbiology	2,362	69,184	71,891	3,623 flasks/bottles
Birmingham Lab	591	*	30,888	*
Mobile Lab	21	*	1,090	*

## Mobile

The U.S. Food and Drug Administration conducted its triennial evaluation and found the Mobile Division Laboratory in compliance with National Shellfish Sanitation Program (NSSP) requirements. The laboratory participated in several grant projects around Mobile Bay and the Gulf of Mexico. Researchers at the University of South Alabama sampled shellfish growing water throughout the year in an effort to develop a computer model for closing oyster harvest areas due to potential pollution effects. The laboratory analyzed these water and meat samples using NSSP-approved methods for fecal coliforms and *E. coli*.

Other collaborative projects with the Dauphin Island Sea Laboratory enhanced marine phytoplankton and cyanobacteria surveillance along the Alabama coast. Microbiologists attended training sessions to improve identification skills of dinoflagellates, flagellates and cyanobacteria,

and strengthen the network of communication across the Gulf Coast. The Mobile laboratory assisted neighboring Mississippi with the opening of its shellfish waters by examining phytoplankton samples required by the NSSP biotoxin contingency plan. The laboratory was credited in regional and national talks and publications for its phytoplankton identification and enumeration program and has participated in the development of the Water Quality Action Plan for the Gulf of Mexico Alliance.

The Mobile laboratory continues to analyze bathing water samples for compliance with the Beach Environmental Assessment and Coastal Act. Hepatitis B specimens from the entire state are tested at the laboratory. Rabies, syphilis serology, chlamydia and *Neisseria gonorrhoeae* testing is provided for 24 counties in southwest Alabama. The biennial Clinical Laboratory Improvement Amendment survey in 2006 found the laboratory to be in full compliance.

## Birmingham

The Birmingham Division Laboratory provides routine chlamydia, gonorrhea and syphilis testing in support of sexually transmitted disease, maternity, family planning and adult health programs in the local service area. The laboratory also provides rabies and water testing to county health departments and individuals.

Additionally, the Birmingham Laboratory offers a number of services to selected programs on a statewide basis. These services include the following: influenza virus culture (epidemiology); urine culture and antimicrobial sensitivities (maternity); fluoride in drinking water (dental health); and milk testing (food, milk and lodging). The Birmingham Division Laboratory participates in two ongoing studies in conjunction with the Centers for Disease Control and Prevention – influenza surveillance for vaccine development and the Gonococcal Isolation Surveillance Project, tracking drug resistance in *N. gonorrhoeae*.

## Bureau of Environmental Services

**T**he Bureau of Environmental Services ensures the safety of Alabamians by regulating food, milk, lodging, body art, seafood, soil and onsite sewage, indoor air quality/ lead and solid waste.

### Training and Environmental Programs

This unit serves as a facilitator for the Bureau of Environmental Services by providing structured training through workshops, seminars and conferences for bureau and county personnel. Each year the Training Unit coordinates the mandated Basic Environmentalist Training Course, which is designed to educate newly hired public health environmentalists with the interpretation of the rules and regulations.

In counties with limited environmental staff, standardized training courses are provided for the food industries to improve their knowledge in food safety and good sanitation practices. The unit also helps promote public relations through public speaking and personal contact with public officials, civic organization, schools and universities, industry representatives, and the general public to improve their relationship with local environmentalists.

Two workshops were presented this year. The Food and Drug Administration's Foodborne Workshop was held in Birmingham and the Southeast Coastal States Onsite Managers Meeting was held in Mobile. Both workshops allowed individuals throughout the United States to come together in an educational arena and receive the necessary skills to perform their job duties.

### Food, Milk and Lodging

The safety of food sold at retail in Alabama, and of food, other than red meat and poultry, processed in Alabama, is the responsibility of the environmental staff of the county health departments and of the Division of Food, Milk and Lodging at the central office. This division promulgates rules and regulations affecting safety and sanitation of food, sanitation of lodging facilities in the state, and also issues guidelines for the inspection of prisons and jails. The division administers and enforces sanitation rules for milk and seafood. Rules for establishments such as restaurants, grocery stores, convenience stores, food manufacturing plants, tattoo facilities, hotels and camps are enforced by the county health departments' environmentalists. The division consists of three branches: Food and Lodging, Milk and Food Processing, and Seafood.

#### Food, Milk and Lodging Branch

State law requires any facility selling food to have a permit from the county health department. The Rules for Food Establishment Sanitation require food facilities to be inspected on a routine basis, depending on the type of food being prepared and the amount of food preparation steps involved. The number of routine inspections for food service establishments is three times per year; hotel and camp inspections are one time per year; tattoo facilities are inspected two times per year; and jails are inspected one time per year.

#### Food Safety

In 2006, county health departments conducted 45,794 inspections at these establishments; in addition, 2,105 inspections were



made at temporary food establishments such as food booths at fairs and festivals and 5,815 inspections were made at other locations. County health departments investigated 3,431 complaints from the public concerning food or food establishments and issued 6,442 legal notices.

#### Tattoo (Body Art) Facilities

"Body art" includes tattooing, body piercing and branding. In 2006, county health departments continued the regulatory activities for this relatively new program, established in 2001. Under the requirements for licensing body art facilities and issuing permits to the operators, there were 149 licensed facilities in Alabama (up from 96 in 2003, 126 in 2004, and 139 in 2005). The county health departments conducted 157 inspections at body art facilities and investigated 49 complaints.

#### Lodging

In 2006, county health departments conducted 998 inspections of hotels and camps, and issued 107 legal notices.

#### Milk and Food Processing Branch

Milk is a basic food for both the general public and school children in Alabama. Milk products such as ice cream and cheese are also

important dietary components for Alabamians. Fluid milk supplied to schools represents approximately 17 percent of Alabama's milk processing plants annual production. To help ensure the safety of milk and milk products, sanitation inspections are routinely conducted at dairy farms, milk-processing plants, bulk milk haulers and bulk milk tankers. Milk is routinely sampled and tested for compliance with bacterial and chemical standards from the time it leaves the cow until it is on the grocery store shelf. When out-of-state plants ship dairy products into Alabama, they are issued permits and their products are also tested for compliance with bacterial and chemical standards.

In 2006, the Milk Branch conducted 54 pasteurization equipment tests, 310 dairy farm inspections, and permitted 156 out-of-state plants to ship dairy products into Alabama. The branch collected 1,114 raw (before pasteurization) milk samples and 957 pasteurized milk samples for bacteriological, chemical and antibiotic testing.

A total of eight milk tankers containing 367,764 pounds of milk (or 42,763 gallons) were disposed of due to antibiotic contamination.

#### Seafood Branch

With high nutritional value, seafood is increasingly featured as a component of a healthy diet. The seafood industry of Alabama also plays a vital role in the state and coastal economies of Alabama. The Seafood Branch and Seafood Quality Assurance Program ensures seafood processing establishments meet food safety standards and that shellfish growing waters meet National Shellfish Sanitation Program standards.

The Seafood Branch and Seafood Quality Assurance Program of the Alabama Department of Public Health administer five major seafood programs:

1. Permitting, inspecting and sampling of shellfish processing facilities;
2. Permitting, inspecting and sampling of blue crab processing facilities;
3. Permitting, inspecting and sampling of shrimp, fish and specialty product processing facilities;
4. Classifying and sampling of shellfish growing waters and sampling of shellfish to ensure compliance with the National Shellfish Sanitation Program.
5. Monitoring for *Vibrio vulnificus* and dinoflagellates in shellfish growing waters.

The Seafood Branch and Seafood Quality Assurance staff consists of one manager, four environmentalists and one administrative support assistant. In fiscal year 2006, there were 64 shellfish processing permits issued; 34 blue crab processing permits issued; and 54 shrimp, fish and specialty product processing permits issued.

There were 430 inspections and 408 field visits conducted at these seafood processing facilities.

Inspections were conducted to ensure compliance with state Health Department rules. Field visits were conducted to provide on-site training in good manufacturing practices, record keeping and compliance with inspection schedules. In addition, 74 seafood processing water samples were collected to ensure bacteriological safety.

During fiscal year 2006, there were 216 shellfish growing water samples and 13 shellfish samples

collected to determine bacteriological compliance. During routine monitoring there were nine shellfish growing water samples and nine shellfish samples collected to determine levels of *Vibrio vulnificus*. Levels were highest in summer months due to increases in temperature and salinity.

Mobile Bay was ordered closed to shellfish harvesting five times for a total of 30 working days. Of these orders, four (24 days) were for possible fecal contamination from excessive fresh water flow via the Mobile River System and one (six days) was for a red tide event.

There were 121 shellfish growing water samples collected to determine the presence of harmful algal blooms (toxic dinoflagellates) and six shellfish samples collected to determine the presence of toxin.

During fiscal year 2006, Seafood Branch staff provided department representation to the following programs:

- Interstate Shellfish Sanitation Conference
- Mobile Bay National Estuary Program
- Technical Interagency Committee
- Gulf of Mexico Public Health Program
- Gulf of Mexico Alliance Program

#### *Red Tide Event*

On Oct. 3, 2005, low counts of *Karenia brevis* were detected at Gulf Shores and Orange Beach in Alabama. The bloom started in coastal waters in northwest Florida and was transported by the Gulf of Mexico counter-current into coastal waters of Alabama. Sampling sites were expanded to include shellfish growing waters, and testing increased from monthly to biweekly.

## Bureau of Environmental Services *(continued)*

On Oct. 5, 2005, counts on beaches had reached medium levels. No shellfish growing waters exceeded standards for closure. On Oct. 10, 2005, counts on beaches had reached high levels; still no shellfish growing waters exceeded standards for closure. On Oct. 17, 2005, one sample site in shellfish growing water Area 11 had levels of 29,000 cells per liter, exceeding the 5,000 cells per liter standard. The area was immediately closed to shellfish harvesting. Samples collected in Area 11 on Oct. 20 and 25, showed very low levels or no *Karenia brevis*. Shellfish were also collected for toxin analysis, and after none was found, the area was reopened for shellfish harvesting. Counts at beaches were also very low, and sampling was returned to routine status.

### *FDA Evaluation*

During fiscal year 2006, the Growing Area Classification Element and the Shellfish Sanitation Program Plant and Shipping Element of the Alabama Department of Public Health were evaluated by the U.S. Food and Drug Administration (FDA).

The Growing Area Classification Element evaluation by FDA's Regional Shellfish Specialist consisted of analyzing growing area water quality sampling data maintained by the Seafood Branch, and visually surveying portions of Growing Areas I, II and III with the Seafood Branch staff. The department was found to be in compliance with National Shellfish Sanitation Program (NSSP).

The Shellfish Sanitation Program Plant and Shipping Element evaluation consisted of jointly inspecting 12 Alabama firms to determine compliance with the NSSP. The firms were inspected for general sanitation, construction,

equipment and Hazard Analysis Critical Control Point records. The department was found to be in compliance.

The *Vibrio Vulnificus* Risk Management Plan was also evaluated to determine compliance. FDA's findings indicated that the Alabama Department of Public Health maintained a close working relationship with other federal and state agencies regarding vibrio illnesses and that department has sufficient steps in place to be in compliance with the NSSP (i.e., training, education and shellfish harvest controls).

### *Emergency Preparedness Training*

Since the 2005 hurricane season, the Seafood Branch staff has been actively engaged in anticipating and preparing to meet the demands of any future emergencies.

Because the branch is located in an area that would be most affected by a hurricane, two staff members from Montgomery have been training with Seafood staff on a regular basis to serve as back-up and support. They have become familiar with seafood processors and some of the resources available, such as Conservation officers, the local police, the Mobile Laboratory, and the fertilizer plant where condemned product may be destroyed.

The Shellfish Program conducts routine sampling of the waters of Mobile Bay. The results of this sampling are used to determine the open or closed status of area reefs for oyster harvesting, a major issue for the shellfish industry. Following an event such as a hurricane, bacteriological contamination will be a concern and additional sampling will be needed to ensure safe harvesting can resume. The Montgomery back-up staff members have been participating in monthly sampling to learn the sampling

sites and procedures in advance of such an occurrence.

In an emergency, the staff anticipates working as teams. Each team will have a "Seafood Emergency Kit" which includes basic equipment, first aid kit, water sample bottles and paperwork.

All staff has completed the online training courses in the principles of emergency management, including courses in the National Incident Management System and the Incident Command System.

## Community Environmental Protection

### Soil and Onsite Sewage Branch

During the past year:

- 23,302 Permits were issued to install onsite sewage systems
- 18,139 Systems were installed
- 189 Special projects such as plans review for large systems were handled
- 4,336 Complaints were handled statewide
- 4 Variances were processed
- 2,929 People were trained at various environmental training events during the year. This consisted of training people in the department and people involved in onsite systems design and installation outside of the department.
- 40 Product permits to date have been issued to manufacturers of advanced treatment and disposal products. These permits set the conditions under which onsite wastewater products can be used in the state.
- 66 Large onsite systems are now permitted by the Health Department under performance permits. These permits require sampling and maintenance of large systems to



better protect public health and ground water. These permits are very similar to NPDES permits issued for wastewater discharges by the Alabama Department of Environmental Management.

- 8 Onsite management entities have been issued Certificates of Financial Viability. These certificates provide the Health Department with a mechanism to ensure proper maintenance and operation for large onsite systems owned by an Onsite Management Entity.

The revised Onsite Sewage Disposal rules were effective March 19, 2006, to include a chapter outlining the requirements for Onsite Management Entities. This chapter addresses financial viability, operation, maintenance and enforcement issues for decentralized onsite cluster systems. The rules were also amended to include a requirement for the installation of effluent filters and risers and new tank testing requirements. Subsequent revisions and amendments were made to correct and clarify the March 19, 2006, Onsite Sewage Disposal Rules and were adopted becoming effective Nov. 23, 2006.

#### Indoor Air Quality/Lead Branch

This branch provides information on issues related to indoor air quality, molds, lead-based paint and other lead hazards. Regarding the lead hazard program, the primary focus of the branch is to enforce the state regulations promulgated under the Alabama Lead Reduction Act of 1997. These rules require individuals and firms who are engaged in lead identification and risk assessment, planning and design of lead abatement projects,

and lead-based paint removal of pre-1978 housing and child-occupied facilities to be trained and certified to perform according to established safe work practice standards. Branch personnel also provide support for the *Alabama Childhood Lead Poisoning Prevention Program*, a program which identifies children with elevated blood lead levels through screening by local health departments and private physicians, and provides environmental surveys of their homes to identify sources of lead hazards and recommend methods to eradicate the hazard. This program ensures that proper medical treatment or case management is undertaken by responsible authority, as well as preventing childhood lead poisoning in homes containing lead hazards.

The Indoor Air Quality/Lead Branch has suspended onsite investigations of indoor air quality problems because of insufficient funds. However, the Indoor Air Quality/Lead Branch remains as the Environmental Protection Agency's designated state indoor air contact providing advisory services for Alabama and those who request it by providing indoor air quality, molds and asbestos information and printed materials.

#### Lead Contractor Certification Program activities include:

- Certification of firms to conduct lead-based paint activities .....56
- Inspection of lead abatement project sites.....81
- Visits to municipal authorities for compliance assistance .....118
- Numbers of state lead regulations violations noted .....92

#### Childhood Lead Poison Prevention Program activities:

- Lead outreach (inspections and awareness) workshops .....20
- Inspection of homes with cases of children with high blood lead.....48
- Environmental lead sampling of dust, soil, water and paint chips (approximately) .....1,150

#### Solid Waste Branch

The Solid Waste Branch provides technical assistance to county environmentalists who work in the solid waste, septage management and vector control programs. Local activities include the investigation of vector control complaints and unauthorized dumps, the permitting/inspection of transfer stations, processing facilities, garbage collection vehicles and the permitting and inspection of septage/grease land application sites. Many counties also enforce local mandatory garbage collection programs and review applications for certificates of exception for such programs.

- Unauthorized dumps inspected .....1,873
- Transfer/processing facilities inspected .....64
- Septage management facility inspections.....38
- Collection vehicles inspected .....663
- Certificates of exception reviewed/issued .....1,199
- Vector complaints investigated .....5,372

## Bureau of Professional and Support Services

**T**he Office of Primary Care and Rural Health Development was relocated to the Bureau of Professional and Support Services. The Office of Minority Health was made a free-standing entity and also moved to the bureau. These moves will not only improve management efficiency, but will enhance the cooperative activities already shared by these previously separate units.

### Management Support Unit

The Management Support Unit supported the department through management of the Records Disposition Authority, development of grant resources, review of grants and requests for proposals, management of the Policy Clearinghouse, and assisting all bureaus with SPAR, the department's strategic planning and budgeting process. The Management Support Unit is also responsible for managing budgets for the Bureau of Professional and Support Services.

### Office of Minority Health

The Office of Minority Health facilitates local and state level partnerships to work collaboratively to address health disparities in Alabama. The office strives to enhance and promote public awareness of the health concerns of the minority and underserved populations throughout the state by joining other entities to improve access to quality health care services. Grant funds through the Federal Office of Minority Health help support state efforts to improve the health of racial and ethnic minorities and eliminate disparities in health. During 2006 funds from the *State Partnership Grant Program to Improve Minority Health* allowed the

Minority Health Office to support two major community efforts working to increase enrollment of minorities in the health professions. A partnership with the Health College Connection Programs at Tuskegee Area Health Education Consortium provided the enrollment of 32 high school and college students in a summer camp program to get hands-on shadowing experience in the health career professions. Through the University of Alabama, Minority Rural Health Pipeline Program, 10 students from the rural areas of Alabama were identified as eligible to qualify for admission to the University of Alabama, School of Medicine. Grant funds also supported a collaborative with the Alabama Indian Affairs Commission to identify Indian tribal health representatives to be trained as community health navigators and to conduct community health assessments of the eight state-recognized tribes. Health survey instruments were developed to help determine the health issues and conditions prevalent in the Indian community.

To enhance minority presence, participation in health policy and planning, and promotion of public awareness of racial and ethnic health disparities, the Office of Minority Health works to strengthen the existing partnerships with chronic disease programs. These partnerships are pivotal to implementing community-based interventions focusing on health promotion and disease prevention through healthy lifestyle choices at the individual and community level. In partnership with the department's Office of Women's Health, the Nutrition and Physical Activity Unit and the University of



North Carolina at Chapel Hill, the Office of Minority Health continued implementing the *New Leaf Intervention Training* to address obesity as a risk factor for chronic diseases in women 40-64 years of age. The New Leaf Training was conducted in three new areas of the state: Birmingham, Mobile and Tuscaloosa. In partnership with faith organizations and the federally qualified health care centers, the Office of Minority Health supported the delivery of medical and social services and medical supplies to the people of Mobile County devastated by Hurricane Katrina.

To promote community outreach activities focusing on the six leading health indicators targeting minority populations, the Office of Minority Health presented at more than 48 state, regional and county workshops, conferences and summits addressing cultural competency and health disparities. The office also participated in the development of several bilingual and culturally specific health education brochures and publications. The Office of Minority Health's link to the department's Web site was enhanced to include the most current racial and ethnic health data, and the quarterly publication of the *Minority Health Calendar of Events*.

## Nursing Division

The Nursing Division had much success in 2006 as it continued to collaborate with community partners and health departments throughout Alabama. The division continues to serve as a liaison to the Alabama Board of Nursing to ensure compliance with nursing licensure requirements. The division also collaborates with the Alabama Board of Nursing and the Alabama State Nurses Association to develop continuing education activities which will be beneficial to nurses seeking continuing education statewide.

Personnel in the division chair the Clinic Protocol Committee, which continues to work with health department staff to ensure that professional nursing standards are maintained and nursing protocol is updated and clarified as needed. There is an ongoing process for review of incidents and accidents, which allows for tracking and identification of needed corrective measures or policy changes.

The division continues to collaborate with state and federal government agencies, community partners, educational organizations and public health providers to offer guidance and support for public health nursing through provision of community resources for promotion of public health concerns statewide.

The Nursing Division is the organizational home for the Alabama Department of Public Health's Community Training Center for cardiopulmonary resuscitation and first aid training for health care professionals, day care providers and community volunteers throughout Alabama. Currently, there are 145 CPR instructors statewide within the

Alabama Department of Public Health system. The center also serves as a nursing education provider, not only for public health nurses, but also for community volunteers and health care providers.

Agreements with 23 schools of nursing in Alabama and surrounding states, as well as collaborative relationships with other disciplines such as pharmacists, have allowed positive public health clinical experiences for students statewide. This has naturally led to a number of health care professionals choosing public health as their area of practice after graduation.

The Nursing Division works closely with other department offices toward excellence in the area of emergency preparedness. Public health nursing played a major role in the response to hurricanes in 2005, particularly by providing professional nursing oversight in mass and medical needs shelters. These actual events allowed for experiences which could be evaluated during 2006 to assist in future emergency response planning. Nurses have been provided training in the Strategic National Stockpile, hurricane relief, emergency preparedness and working in a medical needs shelter.

The Nursing Division continues to strive for excellence in the practice of public health nursing while serving the citizens of Alabama.

## Nutrition and Physical Activity Division



Lifestyles affect overall health. Wellness is described as the condition of good physical, mental

and emotional health, especially when maintained by an appropriate diet, exercise and other lifestyle modifications. During fiscal year 2006, the Nutrition and Physical Activity Division's health messages centered on making healthy choices a part of a lifestyle habit.

Staff coordinated implementation of action steps as developed by the State Obesity Task Force and outlined in the Strategic Plan for the Prevention and Control of Overweight and Obesity in Alabama. These are available on the department's Web site. The work of the task force included providing successful workshops for medical professionals, working on a guide targeted to children's health care providers for obesity interventions, distributing various press releases on a statewide basis and writing and Web-posting a manual on correct anthropometrics. The Task Force worked with the Alabama Bureau of Tourism and Travel to promote the "Year of Outdoor Alabama." Members of the task force provided nutrition and physical activity information that was included in the tourism promotions.

Staff continued efforts with the State Department of Education's Statewide Committee to Review the State of Health of America's Youth with Particular Emphasis on Alabama's Youth. The director of the Nutrition and Physical Activity Division and commissioner of the Department of Agriculture and Industries presented the Alabama guidelines to the National School Food Service Association meeting. As a part of the effort to improve the health status of Alabama's youth, the recommendations and guidelines as adopted on July 12, 2005, included a requirement for staff training. During 2006 Nutrition and Physical Activity staff provided

## Bureau of Professional and Support Services (continued)

statewide presentations to Alabama school administrators, to school districts and to individual schools. In addition, to help meet this requirement, collaboration between the Alabama Department of Public Health - NPA Division, Alabama Chapter - American Academy of Pediatrics, Alabama Association of School Nurses and the University of Alabama in Birmingham Department of Pediatrics developed materials for health professionals to provide local in-service programs. The materials were provided to pediatricians, family physicians, registered dietitians and school nurses. The presentation was also posted on the Alabama Association of School Nurses Web site.

Staff worked with Alabama Department of Senior Services-SeniorRx Program to provide a wellness program for senior citizens participating in the statewide prescription program. A series of 12 classes were designed for monthly programs which are slated to begin in January 2007. Each month, participants will learn healthy eating tips and ways to increase physical activity.

A joint wellness program to encourage achieving a healthy weight was developed by staff, the Alabama Hospital Association and Barber Dairies. The program, *Scale Back Alabama*, is a community weight loss awareness program intervention supplemented with noon education classes that begin in January 2007.

Teleconferences, television appearances, health fairs and presentations for health care providers at hospitals and professional meetings were all provided during 2006. In addition, population-based interventions continued with employee wellness programs, such as the department's

Food and Fitness classes, programs at local businesses and other state agencies.

During its regular session the Alabama Legislature passed House Joint Resolution HJR40, Act No. 2005-257, establishing the Legislative Task Force on Obesity. The final report included various solutions available to address the impact of obesity on Alabama's citizens, including, but not limited to, educational awareness, lifestyle or behavioral choices, community based environmental strategies, and medical or pharmacological interventions. The final report was presented to the governor and the legislature in December 2005.

The NPA extended its work with after school programs across the state by providing *WeCan!*, the *CATCH Kids Club* and parent programs. The *We Can!* Program included statewide community events, health fairs and "family fun evenings" that attracted over 700 community members. *We Can!* materials along with other public nutrition materials were distributed in different areas of the state. The *CATCH Kids Club* program provided students and their parents with nutrition and physical activity information needed for healthy

lifestyle. An analysis of respondent surveys from the *CATCH Kids Club* participants and parents found statistically significant increases in healthy eating attitudes and decreases in screen (television and computers for games) time. By the completion of the *CATCH* curriculum, youth had stronger intentions to limit intake of high-fat and energy-dense foods by making such choices as frozen yogurt instead of ice cream. They had also decreased their weekend video and computer game playing.

The NPA staff encourages small, realistic lifestyle changes that will make a difference. The "Healthy Lifestyles Prescription Pad" hand-out was used to help select needed changes in behavior, eating and physical activity habits.

### Pharmacy Division

The Public Health Pharmacy Division participates on the department's preparedness task force and coordinates development of Alabama's procedures for ordering and processing the Strategic National Stockpile (SNS), a special stockpile of drugs and supplies which would be shipped by the federal government to the state if indicated following any terrorism event. As of the end of 2006 over 2,000 pharmacists, nurses and social workers have been trained to deploy the SNS. The Centers for Disease Control and Prevention gave Alabama an excellent rating for a full-scale exercise of the SNS held in May in southwest Alabama.

The Pharmacy Division continues to coordinate state agencies accessing the Minnesota Multi-State Contracting Alliance, a voluntary group purchasing organization operated by the State of Minnesota and serving government-based



Children from the Clarke County Elementary after school program, who completed *CATCH Kids Club* curriculum, were highlighted in a *WeCan!* display.



health care facilities. This alliance allows the State of Alabama to purchase medications and clinic supplies at substantially reduced prices. In addition, the Pharmacy Division coordinates accessing 340 B pricing, a federal pricing program for covered entities within the Alabama Department of Public Health.

A prescription drug monitoring database to monitor schedule II, III, IV and V drugs in Alabama has been developed and tested. The database became operational in April 2006. By September 30, 5.1 million prescriptions had been reported into the database.

The division continues to consult with all public health units, including county health departments and other agencies, on medication-related and pharmacy-related activities. These include distribution issues, clinical information, drug scheduling, purchasing and legal issues. They also include consultation in the areas of osteoporosis, cardiovascular disease, bioterrorism, diabetes, arthritis and home health. Assistance is also provided in the rescheduling of drugs and the Controlled Substances List.

In addition, the division provides internship experiences to pharmacy students, hosting approximately eight students annually from each pharmacy school in the state, Auburn University and Samford University.

## Office of Primary Care and Rural Health Development

### Primary Care Section

The Primary Care Section collected and analyzed data to designate Health Professional Shortage Areas (HPSAs) in those communities satisfying federal

criteria. This designation qualifies the community for several grants and programs to increase health care access, including approximately \$4 million in incentive payments to physicians in geographically underserved areas. Designation assessments were performed on shortages of primary care physicians, dentists and mental health workers. Fifty-nine of Alabama's 67 counties are now designated as primary care physician shortage areas with information on 17 of these counties being updated during the year. An additional 239 physicians strategically placed in Alabama communities would be required to eliminate the physician shortage for an estimated 2 million underserved residents. All 67 Alabama counties are designated as dental health shortage areas for low-income populations, with 287 additional dentists being needed to fully alleviate this dental care shortage. Sixty-four counties are considered deficient in mental health care providers, with these counties being grouped among 21 Mental Health Catchment Areas. A total of 33 additional mental health providers, strategically placed, would be required to alleviate these mental health shortage designations. Data were collected and reviewed this year for all counties which are not currently designated as shortage areas.

Applications for assistance from the National Health Service Corps to recruit health professionals into Alabama communities resulted in 59 approvals this year. Efforts to recruit and fill these 59 approved slots were undertaken through joint activities between the Primary Care Section and recruiting communities. Historically, not all slots can be filled, primarily because of limited

financial assistance available from the corps. The current field strength of previously placed corps providers is 30 physicians, 16 mid-level providers, 13 dentists, five mental health workers and one doctor of chiropractic medicine. The corps' loan repayment program continues to be an attractive recruiting tool for rural and medically underserved areas by providing pay off of \$50,000 in loans for a two-year service commitment and \$70,000 for two additional years of service.

In addition to other health professional recruitment activities, all the primary care physician residency programs in the state were visited or contacted to solicit residents' participation in an annual Physician's Alabama Opportunity Fair held in Orange Beach, Alabama. This fair provides communities to showcase their resources and needs to prospective physicians.

### Rural Health Section

The J-1 Physician Waiver Program continued to be the principal source of primary care and mental health physicians and specialists. The Rural Health Section processed waivers for 18 physicians, including 13 sub-specialists, bringing the total number of J-1 physicians in the state to 86. These physicians provided accessible health care to over 170,000 rural and medically underserved Alabamians and contributed major economic benefits to their respective communities through the generation of millions of dollars in health-related revenue and expenditures and the employment of numerous supporting personnel. These J-1 program activities and benefits are expected to increase due to recent federal legislation which broadened the



## Bureau of Professional and Support Services *(continued)*

program to accommodate more sub-specialist waiver applications and ongoing updates and revisions of program policies and practices.

Initiatives were continued to bring high-level tertiary and specialty care to rural communities through the use of state-of-the-art health and telecommunication technologies. The partnership was maintained with the Office of Emerging Health Technologies at the University of South Alabama toward the mutual pursuit of several demonstration projects. Ongoing projects involved monitoring home-bound elderly patients using varying combinations of remote surveillance and communications equipment and maintaining the proficiency of physicians in remote rural locations by connecting them to continuing education and grand rounds programs at the state's medical schools. In addition, interest was established with the Alabama Department of Mental Health/Mental Retardation and the Alabama Chapter of the American Academy of Pediatrics to demonstrate the advantages of performing mental health consultations at remote sites via tele-video technology. All of these initiatives resulted from concerted efforts to stay on the cutting edge of new tele-health technology.

Two federal grant applications were submitted and approved during the year to strengthen small, rural hospitals and improve health care in their communities. The continuation grant, Medicare Rural Hospital Flexibility Program, submitted in collaboration with the Alabama Hospital Association for \$380,000, focuses on the smaller, rural hospitals. Grant funds can be used to explore the feasibility of converting to a federally designated Critical Access Hospital, conducting community needs assessments,

developing health care networks, integrating emergency medical services in communities and improving the quality of care being delivered. Over 40 hospitals were approved for funding this year by the Alabama Rural Hospital Flex Grant Committee which evaluates and approves funding proposals from prospective hospital grantees.

The other federal grant was the Small Hospital Improvement Program. Federal grant funds are made available through this program for all rural hospitals having less than 50 operational beds. The application, conducted in a joint educational process with the Alabama Hospital Association, identified 29 eligible hospitals in the state. The application resulted in an award to the state of \$259,086. Eligible hospitals may use these grant funds to update financial operations for Prospective Payment Systems, plan and implement HIPPA requirements, reduce medical errors and improve quality of care.

The Rural Health Section is asked for grant opportunities and health related community data on a continuous basis. A mail and fax-based grant notification process has been developed. In conjunction with the Alabama Rural Health Association, a listserv has been developed that provides notices on grant opportunities of interest to community-based organizations in rural communities. More extensive support is provided for those applicants interested in applying for funding through the federal Rural Health Outreach Grant Program and Rural Health Network Development Grant Program. During the year, 175 organizations and individuals had access to routine communications of notices for over 250 grant opportunities.

### Social Work Division

A sound professional practice is the major focus of the Social Work Division. Working collaboratively with program consultants, area social work directors, managers, county staff and other systems of care, the division assists in quality case management/care coordination services to the people of our state. The department's services now include Plan First; Patient 1st Care Coordination, which provides early periodic screening diagnostic treatment to children and adults; children with special health care needs; elderly and disabled waiver services; home and community based services 530 waiver; home health medical social services; breast and cervical cancer; maternity case management; HIV/AIDS case management; and tobacco prevention and control.

The Social Work Division works with all of the accredited schools of social work throughout the state and the Board of Social Work Examiners to maintain a quality work force. Professional development training is offered to all public health social workers in order to aid in enhancing practice skills and to support the need for contact hours to maintain licensure.

Emergency preparedness planning continues to be a critical role for the division. The recruitment and training of social service volunteers and staff are provided across the state. Over 1,900 social workers and mental health professionals have participated in many different regional, satellite and statewide conference training opportunities. The topics included disaster response counseling and stress management.

## Training Unit

Training coordination continued with interdepartmental and intradepartmental groups to provide quality education for all employees. Trainings were organized and managed through Auburn University at Montgomery, Tulane University, Emory University, the University of Alabama at Birmingham, the State Personnel Department and the Alabama TechnaCenter. Seventy-three live workshops, 37 supervisory training sessions, 180 TechnaCenter courses and 16 distance-based/satellite learning conferences were coordinated through the training unit in 2006.

The Workforce Development Committee, led by Training Unit staff, continued to develop a succession plan for the department. The plan will assure staff have training and opportunity to move into broader roles as other retirement-eligible staff begin to retire. Through recruitment of interns, the department plans to identify students desiring a career in public health.

Distance learning opportunities were provided through satellite courses each month and continuing education credits awarded to appropriate professionals. In addition to workshops and satellite learning opportunities, a number of self-paced, online courses were offered to department staff through the South Central Public Health Training Center and the South Central Center for Public Health Preparedness. The Alabama Department of Public Health training calendar was published as an efficient marketing tool for keeping staff aware of training opportunities.

During the year, the Training Unit continued to coordinate the

further development and enhancement of a Learning Content Management System (LCMS), which automates the training process, provides an efficient way to administer surveys, and tracks training and registration of emergency preparedness volunteers. By the close of 2006, there were almost 2,000 volunteers registered in the system.



OFFICE OF  
WOMEN'S HEALTH  
ALABAMA DEPARTMENT  
OF PUBLIC HEALTH

## Office of Women's Health

In 2006, the Office of Women's Health expanded collaborative partnerships and continued implementation plans of the weight loss initiative, *New Leaf...Choices for Healthy Living*, in Alabama communities throughout the state. The

*New Leaf* curriculum, created by the University of North Carolina for the Centers for Disease Control and Prevention National WISE-WOMAN Program, is an evidence-based, structured nutrition and physical activity assessment program for cardiovascular disease risk reduction through weight reduction.

The office successfully implemented the six-month *New Leaf* curriculum with the help of partners and community health advisors in women ages 35 to 64 plus in three rural counties of Alabama: Macon, Lowndes and Coosa. The counties were chosen based on estimated burden of chronic disease and on availability of community health advisors previously trained in cancer and cardiovascular risk reduction. Two of the three counties are among the top 25 percent of Alabama counties for estimated burden of chronic disease, and one is above the state median. Groups of women led by health advisors in the three counties graduated 59 women from five sites. In Macon County, 51 people were recruited and 30 (58 percent) completed the entire program and 26/30 lost weight (86 percent). In Lowndes County, 29 people were recruited and 21 (73 percent)



## Bureau of Professional and Support Services *(continued)*

completed the program and 16/21 (76 percent) lost weight. In Coosa County, 14 people were recruited; eight (57 percent) successfully completed the 6-month program and 6/8 lost weight (75 percent). For the Coosa County group the total weight loss was 33.1 pounds.

During October and December 2006, *New Leaf* Intervention Training was provided in Mobile and Birmingham respectively, for the general public and health professionals in an effort to increase the number of trained *New Leaf* group leaders throughout Alabama. The training was conducted by experts from the University of North Carolina and the Centers for Disease Control and Prevention. Several community sponsors supported the training. Eighty-three community leaders and health professionals attended the two training sessions. Ninety-eight percent of those attending the training indicated they plan to implement the *New Leaf...Choices for Healthy Living* intervention during the 2007 year. Group leaders will coordinate area weight loss seminars and lead support groups to promote healthy eating and exercise habits among the women of the state and their families, throughout the upcoming year.

The office, the department's Cardiovascular Health Program and Office of Minority Health applied for and were awarded federal funds to support a *Heart Truth for Women Campaign* in Alabama. The campaign targeted African American women and women in rural counties ages 40 to 64 with health education symposium



sessions and radio media to increase awareness of cardiovascular disease and encourage them to control risk factors. Intervention targeted seven counties, five in the Black Belt area of Alabama - Dallas, Greene, Lowndes, Macon, Wilcox counties - and two in the rural areas of Coosa and Mobile counties. All seven counties are among the top 25 Alabama counties for overall chronic disease burden. The campaign was launched with a training session held in collaboration with staff from the National Heart, Lung and Blood Institute, culminating in National Women's Health Week activities in Alabama. Twenty-five Heart Truth Champions from the seven counties were trained to use the institute's health education material to increase heart health awareness in their communities. Awareness outreach efforts are ongoing in the communities with technical support provided by staff from the Office of Women's Health, the Cardiovascular Health Program and the Office of Minority Health.

Additional activities for 2006 included finalization of the office's

Clearinghouse Project with the publication of the first Office of Women's Health newsletter, *Women's Health Exchange*. The newsletter will be distributed biannually through routine mailings and is now accessible on the office's Web page, making the clearinghouse resource information available to health professionals and the community. Monthly distribution of women's health educational materials through presentations, frequent mailings and participation in health fairs continues. The office will also continue to serve as the department's point of contact and liaison for the U.S. Department of Health and Human Services, Region IV Office on Women's Health. Acting in the role of liaison, the office was asked to participate as a panel member to discuss community models that are addressing obesity at the National Obesity Forum. The successes of the Alabama WISE-WOMAN Partnership with CDC using the *New Leaf...Choices for Healthy Living* community model were presented.

## Bureau of Children's Health Insurance

**T**he Bureau of Children's Health Insurance was designed to decrease the number of children in the state who are without health insurance.

### Bureau of Children's Health Insurance

The goal of the Bureau of Children's Health Insurance is to decrease the number of children in the state who are without health insurance. The Bureau of Children's Health Insurance administers the Children's Health Insurance Program (CHIP – also known as ALL Kids). CHIP health insurance is for children in low income working families, under 200 percent of the federal poverty level (up to \$40,000 for a family of four). CHIP benefits offer comprehensive health care coverage.

At the end of fiscal year 2006, a total of 65,343 children were enrolled in Alabama's CHIP. This was an increase of 2 percent from the 63,954 children for fiscal year 2005.

Additionally, it is estimated that since the inception of ALL Kids in October 1998, an additional 126,300 children have become enrolled in Alabama's Medicaid

program due to CHIP outreach and CHIP/Medicaid enrollment simplification.

CHIP continues to enjoy strong working relationships with the Alabama Medicaid Agency and the Alabama Child Caring Foundation. In fiscal year 2006, CHIP referred 27,142 children to these two entities.

Alabama enjoys a very favorable federal match rate for state dollars spent in CHIP. For every \$5 million in state monies that CHIP spends, the federal government gives the state \$18 million in federal monies for a total of \$23 million. Twenty-three million dollars is enough to cover approximately 12,500 children enrolled in CHIP, representing 19 percent of the current CHIP enrollment.

Outreach continued to be a very large part of the CHIP Program in 2006. Over a 12-month period alone, CHIP regional educational efforts touched more than 500,000 providers, educators, advocates and families.

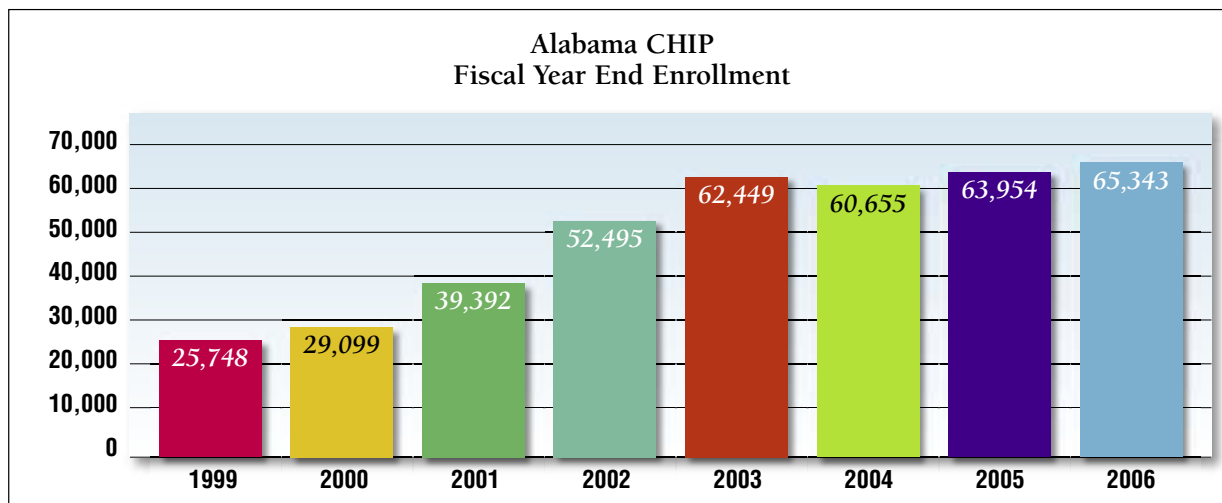
The program continued to implement two special grants during the year to complement the work of the CHIP staff. The first grant, a federal state planning grant

# ALL Kids



(known as the IDEA Project), was used to plan for a statewide Web site which will provide health insurance information for employers and individuals across Alabama. This Web site is being based on the needs expressed by stakeholders in the health insurance arena as well as needs expressed during community-based focus groups.

The second grant, Covering Alabama Kids and Families, funded by the Robert Wood Johnson Foundation, provided assistance to CHIP and Medicaid in the areas of program simplification, outreach and enrollment.





## Bureau of Family Health Services

**T**he Bureau of Family Health Services protects and promotes the health and safety of women, infants, children, youth and their families in Alabama through assessment of community health status, development of health policy and assurance that quality health services are available.

### Women's Health

The overall goals of the division are to:

1. Reduce the incidence of pregnancy related mortality and morbidity by ensuring statewide access to quality women's health care services.
2. Reduce the incidence of unintended pregnancy through the provision of family planning services.
3. Promote quality health care by improving the health status of children and adults through care coordination.
4. Reduce the incidence of breast and cervical cancer through the provision of free screening and diagnostic services.

Division staff provide administrative, professional and systems' development support and technical assistance to counties and areas on women's health clinical programs, care coordination programs and other special projects.

#### Patient Care Model Clinic

In striving toward its goal of promoting and providing quality health care to patients, the department has approximately 35 Certified Registered Nurse Practitioners (CRNPs). These advanced clinicians provide family planning services and cancer detection

screening in health department clinics across the state. Each CRNP is required to rotate through the model clinic annually. The objective of the model clinic, directed by a board certified obstetrician/gynecologist, is to improve the quality of family planning services provided by department nurses. This process is strengthened by building on their skills through "best practices" and constructive feedback. Achieving this objective also entails integrating an interactive teaching component, conducting direct assessment, continuously monitoring competence and performance over time, and qualifying improvement. Ultimately, these components will coalesce, resulting in improved clinical skills for each CRNP and improving the quality of patient care and services provided throughout the state.

#### Family Planning /Plan First

Direct patient services were provided to 100,096 family planning clients in fiscal year 2006 (4.5 percent increase from 2005) through the Title X Family Planning Program, which includes Plan First. Plan First, a joint venture between the Alabama Medicaid Agency and the department, continued into its sixth year after being granted a three-year renewal which began in October 2005. This program is an 1115 Medicaid Research and Demonstration Waiver expanding Medicaid eligibility for family planning services to women age 19-44 at or below 133 percent of the federal poverty level. As of September 2006, 80,272 women statewide were enrolled in Plan First. Also, the department's toll-free hotline received 5,726 calls regarding Plan First. A new program requirement with the three-year renewal is to raise awareness of and provide



referral to government-supported primary health centers for women with medical problems. Plan First outreach materials were redesigned to include a statement about Primary Care Centers with a toll-free number to call for these providers.

#### Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP)

The Alabama Breast and Cervical Cancer Early Detection Program serves women age 40-64, who are at or below 200 percent of the federal poverty limit, and have little or no insurance. Since its inception in 1996, the program has screened approximately 48,982 women. During calendar year 2006, approximately 8,924 women will have been screened. Services have included approximately 8,721 annual visits, 6,642 screening mammograms, 1,856 diagnostic mammograms, 445 breast biopsies and 65 colposcopies.

Program services include an annual gynecological visit that includes a pelvic exam, Pap smear and clinical breast exam. For women age 50 and older a screening mammogram is also provided. Diagnostic mammograms are available for symptomatic women below the age of 50. When screening services indicate a need for further



testing to arrive at a possible diagnosis, the program pays for diagnostic testing. Women diagnosed with breast or cervical cancer and in need of treatment are routed to the Medicaid Breast and Cervical Cancer Treatment Program. Approximately 362 women who were screened in the program since its inception are currently in the Medicaid Treatment Program. Of that number, 122 were diagnosed since January 2006.

#### State Perinatal Program

The purpose of the State Perinatal Program is to improve maternal and infant health through a system of regionalized care. The State Perinatal Advisory Council provides leadership in establishing program priorities. Five regions, based on regional perinatal referral hospitals, compose the regional perinatal healthcare system of the state. Regional Perinatal Advisory Councils provide representation from each county to advise and inform about regional perinatal issues.

In 2006, a perinatal nurse from each region and the perinatal program director managed the councils' activities. Regional needs assessments were completed and strategies were developed to address the identified gaps and barriers specific to each region. The regional perinatal nurses conducted quarterly meetings for perinatal nurse managers in each region to improve networking among the delivery hospitals. Additionally, the perinatal program provided the leadership to create the Alabama Breastfeeding Committee. The purpose of the committee is to initiate strategies to meet the *2010 Healthy People* breastfeeding goals. The membership of over 200 represents physicians, nurses, nutritionists,

lactation consultants, hospital administrators and mothers.

Outreach education for physicians and their office staff was initiated in 2006 with the support of a March of Dimes grant. One-hour continuing education sessions were offered to family physicians, obstetricians and pediatricians and their staff on varied topics, including: the importance of preconception healthcare counseling to all women of childbearing age; smoking cessation-counseling training targeting pregnant women and families of infants; importance of folic acid supplementation for all women of childbearing age; importance of optimal weight prior to pregnancy; substance abuse patient education; safe sleep for infants; and importance of breastfeeding promotion and support. One hundred physician offices received continuing education in 2006.

#### Alabama Abstinence-Until-Marriage Education Program

The Alabama Abstinence-Until-Marriage Education Program has been federally funded since fiscal year 1998. The goal of the program is to reduce the occurrence of out-of-wedlock sexual activity and the consequent social, psychological and physical problems among adolescents 10-19 years of age in Alabama. The Alabama Abstinence-Until-Marriage Education Program continued its community-based efforts toward promoting positive youth development by focusing on essential elements of adolescent well-being and healthy development among youth such as: setting positive goals, improving decision-making skills and strengthening parent and adolescent communication. The program continued funding for nine community-based projects in 2006. The projects pro-

vided abstinence-until-marriage education to approximately 38,000 participants in 38 of Alabama's 67 counties. Project activities were conducted primarily in the school setting, as well as in private health-care settings, other educational facilities and city/county/state social service organizations. The projects used the funds primarily to provide abstinence-until-marriage education, as well as educational, recreational and peer/adult mentor programs. A statewide media campaign consisted of news releases, billboards, newspaper articles/advertisements, project enhancements/incentives and a Web site. Over the duration of the Alabama Abstinence-Until-Marriage Education Program, program evaluators are conducting an intensive, comprehensive, longitudinal evaluation of each of the projects and the program as a whole.

#### Plan First Care Coordination

Plan First care coordination services include a risk assessment to determine each patient's risk for an unplanned pregnancy. These services are provided by a licensed social worker or nurse to women identified as high risk for an unplanned pregnancy. Care coordination has been provided since the implementation of the 1115 Family Planning Waiver on Oct. 1, 2000, and continues under the renewal with some changes implemented based on five years of experience. Family Health Services staff traveled to all 11 public health areas during 2006 to train on the new protocol. In fiscal year 2006, 51 full-time equivalent employees coded time to the Plan First care coordination program. Certification training is provided on a quarterly basis by Family Health Services, with 54 care coordinators being

## Bureau of Family Health Services *(continued)*

certified during 2006. All care coordination documentation is electronic. The Plan First protocol manual is kept updated and is accessible on the Lotus Notes document library.

### Patient 1<sup>st</sup> Care Coordination

Public Health provides care coordination services to children and adults covered under Medicaid's Patient 1<sup>st</sup> Program. In fiscal year 2006, 73 full-time equivalent employees coded time to Patient 1<sup>st</sup> Care Coordination. Patient 1<sup>st</sup> certification training is provided by Family Health Services on a quarterly basis, with 74 care coordinators being certified during 2006. All care coordination documentation for the program is electronic. The protocol manual is kept updated and is accessible on the Lotus Notes document library. Medicaid began making direct referrals for care coordination during fiscal 2006. In addition, care coordination referrals from the Child Health Program in Family Health Services increased substantially for children with elevated lead, infants who failed their newborn hearing screenings in the hospital and those identified as having metabolic disorders at birth.

### Healthy Beginnings and Infoconnection Help Lines

Family Health Services help lines received 2,263 calls from the public during fiscal year 2006. These calls were for information/referrals for maternity, child health and family planning. During fiscal year 2006 the WIC program implemented a new toll-free help line. This dedicated line now receives all inquiries regarding WIC service.

### Targeted Case Management

Targeted Case Management continues to decline as more care coordination is provided through the Patient 1<sup>st</sup> Care Coordination Program. HIV/AIDS patients are still provided services through targeted case management; however, the majority of care coordination services are provided through community-based organizations. Public Health provided limited case management during fiscal year 2006 with only one full-time Public Health HIV/AIDS case manager based in Public Health Area 2 (Madison County). Some case management was provided under the AIDS Waiver administered by the Bureau of Home and Community Based Services during 2006; however, Alabama Medicaid plans to incorporate all case management into the Waiver.

### Maternity Care Coordination

The department is only marginally involved in providing care coordination services under the State Maternity Plan. Public Health provides care coordination in six counties (Cullman County in Public Health Area 1; Coffee, Dale, Geneva, Henry and Houston counties in Public Health Area 10). The trend continues for the Medicaid Primary Contractors to provide care coordination themselves or to subcontract with physician offices and hospitals. Medicaid primary contractors now have the responsibility for training the maternity care coordinators. The department no longer offers this training.

## **Children's Health Division**

The Children's Health Division is involved daily with promoting the health and safety of infants, children and adolescents within the

state. The division programs include the Newborn Screening Program, the Universal Newborn Hearing Screening Program, the Alabama Childhood Lead Prevention Project, Healthy Child Care Alabama, the State Early Comprehensive Systems Implementation Grant, Child Death Review and School/Adolescent Health and Clinical Services. The Foster/Adoptive Parent Child Health Training Network was created this year.

### Alabama Newborn Screening Program

The Alabama Newborn Screening Program is a collaborative effort involving the Bureau of Clinical Laboratories and the Bureau of Family Health Services. The program provides laboratory screening and follow-up activities to prevent or minimize the effects of disorders that can lead to death, mental retardation and life-compromising conditions in newborns.

All newborns in Alabama are screened for phenylketonuria (PKU), congenital hypothyroidism, certain hemoglobinopathies (including sickle cell disease), galactosemia, congenital adrenal hyperplasia and biotinidase deficiency. Additionally, Alabama has implemented expanded screening using tandem mass spectrometry. This technology allows screening for amino acids, organic acidemia and fatty acid oxidation disorders in a single process. These disorders are Maple Syrup Urine Disease, Homocystinuria, Tyrosinemia, Citrullinemia, MCAD deficiency, Propionic Acidemia, Methymalonic Acidemia, Carnitine Transport Defect, Glutaric Acidemia and Isovaleric Acidemia.

Infants identified with these disorders typically appear normal at birth. The testing and follow-up

services allow diagnosis before significant, irreversible damage occurs. The Alabama Department of Public Health's Bureau of Clinical Laboratories conducts all screening for the approximately 60,000 infants born yearly in the state.

#### Alabama's Listening Universal Newborn Hearing Screening Program

In 2006, all 59 birthing hospitals continued to have universal newborn hearing screening programs in place. Babies born in 43 of the 59 birthing facilities have been identified with significant hearing loss with approximately 200 babies being identified with significant hearing loss since the tracking program has been in place. More than 95 percent of infants born in Alabama are screened for hearing loss before hospital discharge. Loaner equipment is available to birthing hospitals when needed in order to limit the number of infants who are not screened for hearing loss before discharge. The goal of this program is to ensure those infants receive appropriate follow-up and intervention services.

#### Alabama Childhood Lead Poisoning Prevention Program

The Alabama Childhood Lead Poisoning Prevention Program has historically operated under a grant from the Centers for Disease Control and Prevention. However, the grant ended on June 30, 2006. As of July 1, 2006, the program began operating as a state-funded program supported by both the Alabama Department of Public Health and the Alabama Medicaid Agency. In 2006, approximately 33,854 children were screened with 212 children identified with elevated blood lead levels.

#### Healthy Child Care Alabama

Healthy Child Care Alabama is a collaborative effort between the Alabama Department of Public Health and the Alabama Department of Human Resources. During fiscal year 2006, the Healthy Child Care Alabama (HCCA) Program received funding to expand services to 61 counties. Three additional nurses were hired for a total of 10 registered nurse consultants. Services offered by the program include child development, health and safety classes, coordinating community services for special needs children, identifying community resources to promote child health and safety, and encouraging routine visits for children to their health care providers (medical homes).

The nurse consultants also work with community agencies and organizations to reduce injuries and illnesses and promote quality child care. The nurse consultants perform health and safety assessments of child care facilities and if a problem is identified, assist the child care provider in developing a corrective action plan.

During fiscal year 2006, the nurse consultants documented 1,276 health and safety trainings and educational sessions for 4,208 providers, 557 site visits and distributed 5,269 pieces of literature identifying resource information. The nurse consultants also provided health and safety programs for 12,683 children in the child care setting.

#### School/Adolescent Health

The School/Adolescent Health Program expanded this year to employ a full-time program coordinator. Partnerships have been formed with UAB School of Public Health and Leadership Education in Adolescent Health program,

Action for Healthy Kids and the Campaign to Prevent Teen Pregnancy. The Coalition for Healthy Alabama Adolescents was formed to begin work on a data driven document outlining the state of adolescent health in Alabama. The department's Youth Task Force meets quarterly to discuss initiatives throughout the state related to adolescent health and development.

Adolescent Brain Development, Adolescent Developmental Stages and Positive Youth Development presentations/trainings have been developed for parents, community members and educators. School nurse programs are provided at the regional level to promote coordinated school health and use of CDC's School Health Index. The school/adolescent health program coordinator accompanies the dental team throughout the state when possible to assist with body mass index (BMI) screenings. Collaboration among the Alabama Department of Public Health, State Department of Education and the Alabama Chapter of the American Academy of Pediatrics allowed for the development of a training initiative to help parents, educators and administrators understand implementation of 2006 United States Department of Agriculture's mandated wellness policies and BMI screenings. The first Healthy School Summit is planned in collaboration with Action for Healthy Kids for February 2007.

#### State Early Comprehensive Systems Implementation Grant

Alabama's Early Comprehensive Systems Implementation Grant, "Blueprint For Zero to Five" launched the "Zero To Five Matters" public awareness campaign targeted for the business community and decision makers.

## Bureau of Family Health Services *(continued)*

The awareness campaign provides early childhood information focusing on the importance of addressing the needs and issues of young children and their families. The impact of quality child care, health care, and safety and security for local communities and the state are addressed in the campaign. The second year of the Blueprint grant will provide mini grants for local communities to begin to address their specific early childhood concerns. Training and technical assistance will be provided for the grantee communities as they begin their initiatives.

### Child Death Review

The Alabama Child Death Review System (ACDRS) is continuing to make a difference in the lives of Alabama's children. ACDRS data showed that in 1998 and 1999 there were approximately 500 infant/child deaths per year that met the criteria for case review. New data shows that since 1999 the number of infant and child deaths that have met review criteria has decreased by more than 40 percent (down to less than 275 per year).

The system's fifth annual report, containing final review data for 2003, was published in August of 2006. It was distributed to the governor and the state legislature, as well as to other citizens and agencies in Alabama and around the country. The next annual report, containing final 2004 data, is being developed.

In addition to hosting the regular quarterly meetings of the State Child Death Review Team, system staff also visited several local Child Death Review teams and coordinators throughout the state in an effort to improve communication and team performance to the best possible levels. Special effort was

made to visit with the newly elected district attorneys who were new to the child death review process. The infant/child death scene investigation training curricula, developed in 2002 by the ACDRS-formed Child Death Investigation Task Force, continues to be taught to new recruits at the state's police academies and to experienced investigators at in-service courses offered periodically in different locations throughout the state.

As a result of the success of the system's first statewide training conference in 2004, and the fact that the state and local child death review team (LCDRT) membership is changing almost constantly, a second conference was held in August 2006. The conference's purpose was to ensure that everyone involved understands the purpose, mission, procedures and operations of the program.

The operational efficiency of the ACDRS continued to improve in 2006. Currently, 100 percent of local teams are actively participating in case reviews and more cases are being completed now than at any time in the program's history. The 2003 case completion rate exceeded 89 percent (up from 68 percent at the program's inception) and the 2004 rate (which will close out late in 2006) promises to be better still. The system continues to develop new public education and awareness strategies (such as current ongoing efforts with written and broadcast materials related to all-terrain vehicle safety and the prevention of youth suicide) and direct prevention efforts (such as the new Cribs for Kids program, piloted in 2005, which provides free, infant-safe cribs to families who otherwise could not afford them. The program will expand in 2007).

The system continues to work toward common goals with strategic partners, such as the Children First Trust Fund, Gift of Life, Voices for Alabama's Children, the Alabama Suicide Prevention Task Force, the Alabama Injury Prevention Council, the Alabama Head Injury Task Force and other such organizations.

### The Alabama Foster/Adoptive Parent Child Health Training Network

The Alabama Foster/Adoptive Parent Child Health Training Network is a new collaborative effort between the Alabama Department of Public Health, the Department of Human Resources and the Alabama Foster and Adoptive Parent Association, Inc. (AFAPA). The program was implemented in July 2006 with the goal of fostering healthy children and creating healthy family environments for children in care through ongoing education and training. The purposes of the network are to assist the Department of Human Resources in meeting the health care needs of Alabama's children in foster/adoptive care by providing education and training on child development, health and safety issues.

### Clinical Services

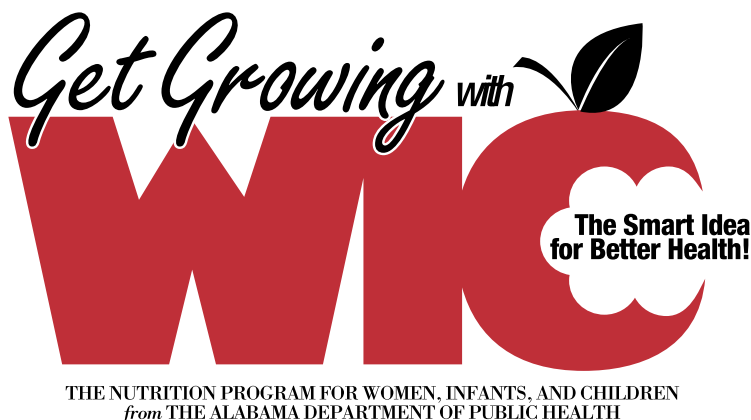
Twenty-five county health departments signed Early, Periodic, Screening, Diagnosis and Treatment agreements with 78 Patient 1<sup>st</sup> providers to perform the screening for their patients. County health departments continue to serve as the provider of last resort for well child services for patients that do not have any form of insurance. A total of 35,515 patients were provided services by county health department staff. These patients made a total of 81,097 visits to local clinics.

## WIC

WIC provides nutrition education, breastfeeding education and supplemental nutritious foods to pregnant, breastfeeding, and post-partum women, infants and children up to age 5. Program participants must be of low or moderate income and have a nutritional risk. WIC coordinates with and refers to other health and social programs, and serves as an adjunct to good health care during critical periods of growth and development.

WIC served an average of 121,761 patients per month, which included approximately 30,300 women, 34,362 infants and 57,099 children. Over \$92 million of foods were purchased statewide in retail grocery stores.

WIC supports and promotes breastfeeding as the preferred method of infant feeding. Research indicates breastfeeding provides multiple health benefits for babies and mothers. WIC participants receive breastfeeding education throughout their pregnancy and additional support once they deliver their baby. In 2005, WIC initiated breastfeeding peer counselor programs in Blount, Mobile and Montgomery counties. Breastfeeding rates increased in all three clinics that implemented breastfeeding peer counselor programs. Peer counselors are present or former WIC participants who breastfed or are currently breastfeeding their babies. The peer counselors are hired to provide support to pregnant and post-partum mothers regarding basic breastfeeding issues. Breastfeeding peer counselor training programs were held in August and September 2006 to provide training for WIC staff. Studies have shown that breastfeeding peer counselor



programs help increase breastfeeding initiation and duration rates. Plans are underway to expand the program to three other clinics in 2007.

WIC continues to assist participants and their families to increase their physical activity and improve their nutritional habits. To address the issue of childhood obesity, the program's two-year Nutrition Education Plan has five major objectives: to promote

- establishing and maintaining healthy weights among WIC children in Alabama;
- increasing awareness of the importance of balancing food intake and daily physical activity;
- increasing awareness of breastfeeding benefits;
- promoting increased intake of fruits and vegetables; and
- promoting the use of positive nutrition messages and health practices by WIC clinic staff.

## Oral Health

### Data and Surveillance

The Oral Health Branch staff initiated a statewide oral health screening program that targeted third grade students in select Alabama schools. The schools were

randomly selected and representative samples were chosen from nine district dental societies throughout the state. The children were screened for total tooth decay experience, untreated decay, dental sealant presence and urgent treatment needs. The first phase collected data from four metropolitan dental districts including Birmingham, Huntsville, Mobile and Montgomery. Approximately 4,100 third graders were screened in 74 schools. Another 50 schools from the five remaining dental districts will be screened during the next fiscal year.

An analysis of the data from the four dental districts screened during the 2006 fiscal year indicates the following preliminary conclusions:

- **Birmingham Dental District:**  
History of decay .....62%  
Current decay .....45%  
Urgent treatment needs.....15%  
Sealants.....38%
- **Other Three Dental Districts:**  
History of decay .....33-50%  
Current decay .....20-36%  
Urgent treatment needs.....5-12%  
Sealants .....9-38%

### Water Fluoridation

The Health Resources and Services Administration State Oral Health Collaborative Systems grant continued to fund the oral health



## Bureau of Family Health Services *(continued)*

program fluoridation coordinator. A goal to re-evaluate the state fluoridation program and quality of data collected by every fluoridating and non-fluoridating public water system in Alabama was an ongoing process. This goal and others were implemented through cooperative efforts with the Alabama Department of Environmental Management, Centers for Disease Control and Prevention, water treatment facilities plants, the Birmingham Division Laboratory, public health area directors and county environmentalists.

The following fluoridation program activities were initiated during fiscal year 2006:

- 82 onsite inspections were provided.
- 15 visits were made to the Alabama Department of Environmental Management to retrieve state water systems' fluoride data through file reviews.
- 127 water plants were contacted and provided fluoridation data through monthly operation reports for inclusion in CDC's Water Fluoridation Reporting Systems.
- 127 surveys were mailed to fluoridating systems addressing fluoride chemical shortages.
- Letters were sent to all fluoridating water systems addressing concerns regarding high and low fluoridation levels based on monthly lab report evaluations.

- The first phase of a fluoridation promotion campaign for non-fluoridated communities in Alabama's Black Belt counties began in fiscal year 2006. An action plan was developed that will promote water fluoridation for 22 of the 59 communities within these 12 counties.
- Six water plants discontinued adding fluoride, and with branch staff assistance, two of the six resumed fluoridating.

Community water fluoridation continued to provide benefits to 85 percent of Alabama's population on public water supplies. Of the 11 public health areas in Alabama, all but one reported monthly fluoride samples for monitoring purposes. Of the 562 water systems in Alabama, 322 provided water fluoridation according to the CDC's reporting system, with 165 not fluoridating and another 73 unaccounted for.

### Education and Prevention

Branch staff continued to provide education and prevention programs. A county health department nurse based in Area 9 joined the state staff full time as her position was transferred to the central office. Activity provided through the programs included dental health education presentations to day care staff and students, parents, public school children, professional groups, senior citizens, Head Start programs and others. Approximately 3,500 children and adults

were reached through the program's educational activity.

The central office dental program distributed approximately 50,000 toothbrushes and tubes of toothpaste to children participating in statewide screening to county health department nurses and case managers, to Healthy Alabama childcare nurse coordinators and others for education and oral health promotion. Thousands of dental health coloring books and pamphlets were also mailed.

### Dental Services

County health department dental programs continued to serve children through fixed and mobile dental clinics. The following provides a breakdown of services provided:

- 26,467 Patient encounters from Coffee, Jefferson, Mobile and Tuscaloosa county health department dental clinics.
- 3,241 Dental sealants were provided through county health department dental programs.
- 1,702 Patient encounters were provided through Auburn City School and Opelika City School dental clinics.
- 140 Dental sealants were placed through these two school clinics.

## Bureau of Home and Community Services

**I**n 2006, the Bureau of Home and Community Services continued to administer the statewide Home Care Program in partnership with county, area and state level staff to fulfill its mission - to ensure the delivery of compassionate and effective health care services in the home and community while striving to be consistently responsive and innovative in meeting the changing health care needs of Alabama citizens.

This mission supports the mission statement of the Alabama Department of Public Health – to serve the people in Alabama by assuring conditions in which they can be healthy. In the fulfillment of its mission, the Bureau of Home and Community Services works with a cooperative effort on all levels and phases of program operation while at the same time ensures compliance with federal and state regulations and laws; federal, state and private payor home care program requirements; and the department's business policies and procedures.

The Bureau of Home and Community Services operates within the framework of five divisions: the Division of Billing and Support, the Division of Home Care Services, the Division of Community Services, the Division of Compliance and Contracts and the Division of Budget and Personnel.

### Home Health Program

The Bureau of Home and Community Services is a Medicare-certified home health agency with 30 subunits and three branches. Quality and compassionate home health care is provided to patients with Medicare, Medicaid, private insurance and no payment source. Services available through home health include skilled nursing, home health aide services, medical social services, physical therapy, occupational therapy and speech

therapy. All disciplines work together as a team to meet the patient's health needs and provide quality care. This coordinated teamwork is managed by nurse care coordinators who are responsible for total patient care. Approximately 336,778 home health visits were made in 2006 in efforts to assist many Alabama citizens in reaching their optimal health goals.

All disciplines use the Horizon Homecare software system to document patient care. Patient records are almost totally electronic and accessible to all disciplines involved in the patient care delivery. The nurse care coordinators use the Horizon Homecare system extensively to provide quality, coordinated and effective care.

The Home Health Program is supported by the Division of Home Care for administrative, operational, quality improvement and education needs. The nurse and therapy consultants work with the subunits to provide this support.

The Home Health Program made application to the Community Health Accreditation Program. The program is an independent, nonprofit accrediting body for community-based health care organizations. Program staff will perform a site visit to the agency in 2007.

### Life Care Program

The Bureau of Home and Community Services through the Life Care Program is a statewide direct service provider of home care services. Life care services are provided under specialized federal and state funded programs for the disabled, poor and elderly, as well as contracts with other payor sources. Life care services can also be purchased by individuals through an options program. Life care patients are not required to be homebound, and physicians are involved in the patient's care as needed or as required by specific program guidelines.



Services offered by the Life Care Program include the following: homemaker services, personal care services, skilled respite services, unskilled respite services, companion services, adult day health services and nursing visits.

Approximately 1,050,077 hours of service were provided in 2006 to Life Care clients. This year the bureau started a new program within the framework of the Life Care programs. Telehealth is now being offered by the Medicaid program to reduce the cost of emergency room visits and physician visits by Medicaid patients who are not eligible for Medicare. Telehealth works by placing patient monitoring devices in the home for blood sugars, weights, blood pressures and other measures. The Home Care Division also supports the Life Care program's needs for administration, operations, quality assurance and education.

### Community Services

The Division of Community Services within the Bureau of Home and Community Services functions as an operating agency for the Elderly and Disabled Medicaid Waiver. This program is designed to offer an alternative to nursing home care for the elderly and/or disabled Medicaid recipient. Through professional case management services, the client's needs are assessed and an individualized plan of care is initiated. The plan of care

## Bureau of Home and Community Services *(continued)*

will specify the waiver and non-waiver services that are needed by clients to remain at home so long as their health and safety are ensured. The client chooses a direct service provider to provide specified services. In fiscal year 2006, Elderly and Disabled Waiver case managers provided 108,318 hours of case management and 12,701 hours of recruitment.

### Billing and Support

The Division of Billing and Support is responsible for centralized billing for all the programs of the Bureau of Home and Community Services. These programs include Community Service programs, Home Health, and Life Care. With the implementation of Horizon Homecare, which is a single data-based management system, the centralized billing process continues to be enhanced. The Billing and Support Division is made up of four units. These units are: Medicare/Medicaid Billing Unit, Third Party/Private Provider Billing Unit, Life Care Billing Unit, and the Payment Unit. The centralized billing is accomplished by the electronic collection of billing data at the point of service delivery by the visiting staff across the state through the use of laptops and telephony; the electronic review of billing data by Home Care Program supervisory staff; and by user-friendly data entry and correction processes performed by program support staff. As a result, the Division of Billing and Support expanded its claims submission, reimbursement posting, and support services for Home Health Medicare, Medicaid and private insurance beneficiaries to include Elderly and Disabled Waiver services, Private Provider direct services and Life Care Program services.

### Quality Improvement Program

The year 2006 marked the seventh year of operations for the Quality Improvement Program. The goal of the program is to provide an

organized, systematic, and continuous approach for quality care that will result in improved patient outcomes, customer satisfaction, communication between service providers and customers, clinical performance, documentation, employee job satisfaction, management performance, and agency performance reviews. This goal enables all staff to expeditiously identify and resolve issues that may impact upon the quality of patient care. Patient and physician satisfaction surveys and quality improvement audits were the principal evaluation tools used to assess the service delivery processes. Government reports that were obtained from Outcome Assessment Information System data continue to be utilized in the Quality Improvement Program. Indicators of areas for improvement were addressed through education and corrective planning.

During 2006 the Quality Improvement Program focused on improving three patient specific outcomes: to lower the percentage of patients who have to return to the hospital; to improve the percentage of patients who are discharged from home health to community versus other types of acute care settings; and to improve the patients' ability to manage their medications. Through the extensive efforts of staff involved in the Quality Improvement Program, the program has been able to contribute to Alabama leading the nation in improving the patients' ability to manage their medications according to the Home Health Compare reports published by the Centers for Medicare and Medicaid Services.

In 2006, the bureau is preparing for *Pay for Performance* which is a new government initiative to further improve the quality of home health services by offering monetary bonuses for agencies that have improved patient outcomes by a higher percentage when compared with other home health agencies.

Because of the excellence of the Quality Improvement Program, the bureau is well in line with quality improvement initiatives to meet this challenge.

### Education

The Bureau of Home and Community Services continues to be committed to the philosophy of an education plan for all employees. An education plan includes orientation, continuing education and inservice training manuals that have been developed over the past six years for all disciplines and most job positions. The Division of Home Care plans and produces 12 hours of mandated continuing education for home health aides and home attendants each year. Orientation and training are conducted at the local level by the area management team using manuals developed by the Bureau of Home and Community Services. This process supports the philosophy that quality patient care is promoted by training home care staff to perform job tasks and to understand the operation of the work environment.

### Home Care Compliance Program

Since 1999, the Home Care Compliance Program has continued to promote the prevention, detection and resolution of instances of conduct that do not conform to federal and state regulations, rules and laws, the department's ethical business practices, the Home Care Program policies and private payor's requirements governing the home care industry. Under the direction of the compliance officer, complaints are responded to by conducting audits and investigations where noncompliance is suspected. The compliance officer works with the Office of the General Counsel in resolving compliance issues including applying internal disciplinary actions and reporting to licensure boards for further actions.

## Bureau of Health Provider Standards

**T**he mission of the Bureau of Health Provider Standards is to improve the quality of care and quality of life mission for health care consumers and to reduce adverse outcomes through the regulation of health care providers.

### Health Care Facilities

The Long Term Care Unit is responsible for state licensing and federal certification of nursing homes and intermediate care facilities for the mentally retarded. This unit surveyed 171 facilities, conducted 163 follow-up visits and one initial survey for federal certification purposes.

The Complaint Unit investigated 897 abuse/neglect and general complaints. Of these, 350 were onsite investigations and 547 were administrative/desk reviews.

The Laboratory Unit administers the Clinical Laboratory Improvement Amendment, or CLIA. This unit is responsible for monitoring CLIA federally certified laboratories and state licensed independent clinical and physiological laboratories. Surveys conducted by this unit included 244 CLIA re-certifications, eight follow-up visits, 44 initial licensure surveys and 23 biennial licensure surveys.

The Medicaid/Other Unit is responsible for federal certification, state licensure and complaint investigations for 139 home health agencies, 162 hospices, 131 hospitals, 106 dialysis facilities, 34 ambulatory surgical centers, 67 rural health clinics, 65 rehabilitation facilities, eight portable X-ray units, eight abortion centers, 14 sleep disorder clinics, 19 residential psychiatric treatment homes, 29 psychiatric units and 16 rehabilitation units.

The Assisted Living Unit currently monitors 235 regular licensed assisted living facilities totaling 7,239 beds and 101 specialty care facilities totaling 2,630 beds.

The Nurse Aide Registry Program tracks 243 approved training programs for nurse aides. The registry has a total of 81,776 nurse aides. Currently, there are 30 nurse aides that are on specific time-limited sanctions and 1,017 that have been permanently placed on the abuse register.

### Provider Services

The Provider Services Division processes initial licensure and certification applications; maintains and distributes the Provider Services Directory; and publishes,



maintains and distributes licensure rules. The division also processes bed and station requests, change of ownership applications and provides consultation to health care providers and the general public concerning health care licensure requirements and certification standards and procedures.

In 2006 the division issued 1,500 annual renewal license certifications, 98 ownership license certifications, 138 initial license certifications and 633 license status, or facility information changes. There were also 1,649 providers certified to participate in the Medicare and Medicaid programs. During 2006 the division processed 45 initial certifications, 55 change of ownership certifications and 80 certification changes.



# Office of Radiation Control

**T**he Office of Radiation Control ensures the protection of the public from excess exposure to ionizing radiation through a variety of activities, including registration and inspection of equipment that produces ionizing radiation including particle accelerators, of users of radioactive material, environmental monitoring, maintaining continuous radiological emergency response capability, and public and professional education activities.



Photos by Terry Williams

## 2005 -2006 Service Activities:

- Inspected 819 medical X-ray tubes
- Inspected 728 dental X-ray tubes
- Inspected 80 veterinary X-ray tubes
- Inspected 437 medical X-ray facilities
- Inspected 180 dental X-ray facilities
- Inspected 68 veterinary X-ray facilities
- Reviewed 203 X-ray shielding plans
- Issued 36 new radioactive material licenses
- Issued 432 license/registration amendments
- Inspected 176 radioactive material licensees
- Inspected 15 particle accelerator registrants
- Conducted 26 radiation safety training classes
- Trained 646 students in radiation safety
- Conducted and participated in 6 training exercises
- Entire staff participated in the national Department of Energy Federal Radiological Monitoring and Assessment Center exercise "Southern Crossing"
- Collected and evaluated 680 environmental samples
- Monitored 36 transuranic waste shipments
- Participated in 4 Waste Isolation Pilot Plant training classes



The Office of Radiation Control participated in a radiological monitoring and assessment center exercise.



## Bureau of Information Services

**T**he Bureau of Information Services provides vital record functions and statistical analysis of health data through the Center for Health Statistics. It also includes Computer Systems Center, which houses data operations, systems and programming, technical support and the support desk.

### Center for Health Statistics

The Center for Health Statistics operates the vital records system and collects and tabulates health-related statistical data for the state of Alabama. The center files, stores and issues certified copies of vital records including birth, death, marriage and divorce certificates for events that occur in Alabama. An automated vital records system called ViSION or Vital Statistics Image Oriented Network allows vital records to be issued through all 67 county health departments. Customers can obtain most vital records from the Center for Health Statistics through their county health department in 30 minutes or less. Records may also be obtained through the mail in about 7 to 10 days.

The Statistical Analysis Division in the center conducts studies and provides analysis of health data for public health policy and surveillance. Staff prepare various statistical analyses of natality, pregnancy, general mortality, infant mortality, causes of death, marriage, divorce and other demographic and health-related data for the state and its geographic subdivisions. This information is distributed through numerous publications, reports, presentations, special tabulations, the department's Web site and by telephone to the public, news media, researchers, government or private agencies and various units within the department.

### 2006 Service Activities

- Issued more than 520,000 certified copies of vital records with more than 346,000 of these records requested through local health departments.
- Coded, keyed and scanned more than 172,000 new vital records into the vital records database.
- Prepared 2,060 new birth certificates after adoption and more than 3,200 after paternity determination; filed more than 635 delayed birth certificates; amended 4,400 birth certificates and more than 1,650 death certificates.
- Processed more than 350 requests from adult adoptees to obtain copies of their original birth certificates and other adoption information.
- Filed more than 12,000 paternity affidavit forms which fathers signed to acknowledge their legal responsibilities when they were not married to the mother of the child.
- Received more than 99 percent of birth certificate data through electronic transmission using the Electronic Birth Certificate software installed in 59 hospitals throughout the state.
- Provided training on the proper completion of birth and death certificates to vital records providers across the state.
- Implemented and trained employees from 59 birthing hospitals across the state on the new Web Electronic Birth Registration (EBR) software.
- Keyed more than 58,000 old marriage records and more than 950 old birth, death and divorce records.
- Received more than 80,000 phone calls through the automated telephone system from



customers requesting information about obtaining Alabama birth, death, marriage and divorce certificates. The system provides recorded information 24 hours a day.

- Conducted studies and analyzed vital events data for geographic areas throughout the state.
- Produced four publications of statewide data, tables, figures and graphs on pregnancy, birth, infant mortality, causes of death, marriage and divorce trends.
- Provided health-related vital statistics information and expertise to the public; the news media; governmental, educational and private agencies; and other offices in the health department.
- Surveyed new mothers for the Pregnancy Risk Assessment Monitoring System (PRAMS), a grant from the Centers for Disease Control and Prevention to study factors related to pregnancy and infant health in Alabama.
- Presented data at the State Perinatal Advisory Council meeting, the Kidney Disease Task Force, the Taskforce on Infant Mortality and the Prattville Rotary Club.
- Presented a paper on suicide and homicide at the Southern Demographic Association annual meeting; made a presentation at the NAPHSIS Annual Meeting on

## Bureau of Information Services *(continued)*

the method of payment for delivery from birth certificate data; and presented a poster on infant suffocation deaths at the PRAMS National Annual meeting in Atlanta.

- Produced two special publications on mortality: "Pregnancy-Related Mortality in Alabama" and "Selected Causes of Death by Race, Sex and Age Group, Alabama 2004."
- Maintained a Center for Health Statistics Web site to provide Internet access to statistical reports, tables, maps and graphs, and to provide information for obtaining vital records in Alabama. Vital records forms and instructions are available to be downloaded.
- Responded to more than 750 requests for statistical information and analytical assistance.
- Provided Alabama vital events data to the National Center for Health Statistics for inclusion in national statistics.
- Provided computerized birth certificate data to the Social Security Administration to initiate Social Security numbers for 58,796 newborns.

### Vital Statistics Records 2005

Estimated Population	4,557,808	Rate/Percent
Births	60,262	13.2 (Per 1,000 population)
Births to Teenagers	7,903	25.8 (Per 1,000 females aged 10-19 years)
Low Weight Births	6,428	10.7 (Percent of all live births)
Births to Unmarried Women	21,549	35.8 (Percent of all live births)
Deaths	46,797	10.3 (Per 1,000 population)
Marriages	41,962	9.2 (Per 1,000 population)
Divorces	22,430	4.9 (Per 1,000 population)
Induced Terminations of Pregnancies	9,707	10.2 (Per 1,000 females aged 15-44 years)
Infant Deaths	561	9.3 (Per 1,000 live births)
Neonatal Deaths	342	5.7 (Per 1,000 live births)
Postneonatal Deaths	219	3.6 (Per 1,000 live births)

### Alabama's Leading Causes of Death – 2005 and 2004<sup>1</sup>

Cause of Death	2005			2004		
	Rank	Number	Rate <sup>1</sup>	Rank	Number	Rate <sup>1</sup>
Total All Causes		46,797			46,019	
Diseases of the Heart	1	12,800	280.8	1	12,734	281.1
Malignant Neoplasms	2	9,854	216.2	2	9,745	215.1
Cerebrovascular Diseases	3	2,940	64.5	3	2,974	65.6
Chronic Lower Respiratory Diseases	4	2,371	52.0	5	2,359	52.1
Accidents	5	2,368	52.0	4	2,381	52.6
Alzheimer's Disease	6	1,494	32.8	7	1,385	30.6
Diabetes Mellitus	7	1,420	31.2	6	1,442	31.8
Nephritis, Nephrotic Syndrome & Nephrosis	8	1,022	22.4	8	1,047	23.1
Influenza and Pneumonia	9	1,006	22.1	9	990	21.9
Septicemia	10	838	18.4	10	756	16.7
All Other Causes, Residual		10,684			10,206	

<sup>1</sup>Rate is per 100,000 population.

## Computer Systems Center

The mission of the Computer Systems Center (CSC) is to provide information technology services and supplementary financial support to the Alabama Department of Public Health to better serve the people of Alabama. During 2006, CSC continued to provide support to the department for existing systems and completed several new projects supporting the department's programs.

In response to legislative requirements, CSC provided technical assistance to the Prescription Drug Monitoring Program during 2006. The system was implemented to reduce the number of illegal prescriptions for Schedule II through Schedule V drugs. The mandatory reporting of controlled substance prescriptions began on April 1, 2006, and has collected over 5 million controlled substance prescriptions during the first six months.

CSC implemented the Health Insurance Portability and Accountability Act Security Policy which included uniform badging throughout the department, physical controls and numerous other policies to protect the data stored by the department. One key tool CSC implemented is Single Sign-On software for the RSA Tower, which eliminates the need for multiple passwords and sign-on procedures for the network and software. The training and education program to enhance security resulted in the department receiving a successful rating from the independent consulting firm which audited the department for security compliance.

CSC developed and implemented three modules of the Incident Command System (ICS). These modules are used to contact and track emergency response staff during an emergency event, assign and track tasks for the ICS and Center for Emergency Preparedness

call center, and create, maintain and track teams that are activated by the ICS Commander.

CSC enhanced the Children's Health Insurance Program system to allow users to electronically submit application data via the Internet and receive a preliminary eligibility determination within seconds. The department made this new capability available to hospitals and county health departments. This new enhancement is used extensively throughout the state to provide citizens quick and accurate feedback on the health insurance benefits they can receive.

CSC developed and implemented the Electronic Vital Events Registration System (EVERS). This is a Web-based system that allows hospitals to enter birth information directly into a central database, replacing antiquated software and hardware. The new system was successfully implemented throughout all hospitals in the state.

CSC developed an Automated Inventory Verification System to check computers, laptops and other networked devices against the state equipment inventory. This new system senses the presence of the computers and network devices on the statewide network, and then reports the property number to the database. Any discrepancies are reported to the Property Unit of the Logistics Division for follow-up and corrective action. As a result of this new system, the state auditors were able to complete the statewide inventory in less than half the time and department was given a 100 percent successful grade for finding all items.

National Electronic Disease Surveillance System (NEDSS) became fully implemented statewide this year. NEDSS gives epidemiologists a system to report/track/monitor certain reportable diseases using the Internet. CSC provided a critical coordinating role in the first phase of the Health

Alert Network, called Alabama Emergency Response Technology (ALERT), this year. The ALERT is used by the Center for Emergency Preparedness to communicate with partners and employees, utilizing e-mail, fax and multiple voice phone lines during an emergency event to notify all potential responders.

CSC implemented the Inventory Management System for the Logistics Division warehouse and the Bureau of Clinical Laboratories. The system automates the ordering, inventory tracking and counting of forms and supplies for department.

CSC continued the implementation of the Voice over Internet Protocol (VOIP) phone systems in the county clinics completing 12 sites. CSC has a plan to install 40 phone systems and wireless networks in the counties per year.

CSC piloted and began the implementation of the Electronic Cost Accounting Time Sheet (e-CATS) application. This application is designed to allow the department to gather cost data in a more accurate and timely manner. This application eliminates the necessity of processing the paper cost accounting time sheet for over 3,000 department employees.

CSC developed and implemented the financial warrant management system to improve the issuance and control of payments to the Breast and Cervical Cancer and Community Based Waiver private providers. This new system has streamlined the payment process and provides for faster generation of payments. It has also resulted in eliminating the amount of time previously spent manually processing payments.

### CSC SUPPORT SERVICES

Category	Quantities
Help Desk Calls	22,587
Personal Computers Supported	3,227
Personal Computers Installed	491
County Support Trips	1,573

## Bureau of Information Services *(continued)*

ADPH Portfolio of Information Systems			
Name	Purpose	Program Supported	Date Installed
Voice over IP Telephones	Provide telephone and voice mail	ADPH	2005
Reports Databases	Distribution of reports in PDF format	All	2000
Lotus Notes	Email, Calendaring	All	1996
ICS Support Systems	Provide management information for ICS and EP activities	Emergency Preparedness	2006
Health Alert Network	Provide alerting system to emergency responders	Emergency Preparedness	2006
Environmental System	Manage county environmental activities	Environmental	2002
Cost Accounting	Collect and report cost for services provided by ADPH	Finance	1990
AFNS (Advantage Financial System)	Financial accounting for department	Finance	1990
Automated Contract Tracking System	Manage contracts from initiation through approval and implementation	General Counsel	2005
ADPH Web Site (ADPH.org)	Provide ADPH Web site	Health Promotion	2001
Grayco Systems - EMS and Facilities Mgt.	Manage EMS and Health Provider Standards facilities compliance	Health Provider Standards and EMS	2000
Inventory Management System	Track ordering, storage and issuance of supplies for warehouse, laboratory	Logistics Division	2006
HRS (Human Resource System)	Maintain personnel information	Personnel	1990
LCMS (Learning Content Management System)	Manage employees' professional development records	Professional Services	2004
ACORN	Online Care Coordination System	Case Management	2002
CHIP (Children's Health Insurance Program)	Enrollment system for the ALL KIDS Child Health Insurance Program	CHIP	2000
Disease Control applications	Collect and analyze data for TB, AIDS, STD, etc.	Disease Control	1999
NEDSS (National Electronic Disease Surveillance System)	Collect and analyze disease data	Disease Control	2004
Breast and Cervical Cancer System	Manage BCC program services and reimbursements to providers and manage slots enrolled	Family Health Services	2005
Billing	Medicaid Billing for ADPH Services	Finance Support Division of CSC	2003
e-CATS (Electronic Cost Accounting Time Sheets)	Data collection of employee time for cost	Finance	2006
Cancer and Trauma Registries	Collect and maintain data for cancer and head and spinal injuries	Health Promotion EMS and Trauma	2000
McKesson Horizon Home Care System	In Home Patient Care System for Home Health and Community Base Waiver	Home Health	2004
ARTEMIS	Hepatitis B Case Management System	Immunization	2000
ImmPrint	Internet-based immunization registry system	Immunization	1996
Laboratory Information System	Collect and report lab test data	Laboratory, Disease Control, EP	2004
Prescription Drug Monitoring Program	Data collection of reportable drugs from pharmacies	Professional Services	2006
Vital Records Information System	Collect, maintain, and issue vital records	Vital Records	1994
Electronic Birth Certificate System (EVERS)	Internet-based system to report births from hospitals	Vital Statistics	2006
Death Tracking System	Track death certificates	Vital Statistics	2001
PHALCON (PH of Alabama County Operations Network)	Clinic System	WIC, Family Health, Disease Control	1999

## Logistics

The Logistics Division of the Bureau of Information Services is comprised of five major sections: Forms, Mail Center, Property, Emergency Preparedness Distribution Center and Fleet Management. The Logistics Division is responsible for the department's fixed asset management and disposal; forms storage and distribution of mail and office supplies; storage and distribution of emergency preparedness supplies; Americans with Disabilities Act shuttle service and vehicle management.

### Property Section

The Property Inventory Team is responsible for the inventory and management of over 14,007 items of equipment valued at \$30,266,798. This equipment is located in 162 locations throughout the state. In 2006, the department acquired 1,880 new equipment items valued at \$4,521,033 and disposed of 1,975 items valued at \$2,878,254. During 2006, Public Health received a Perfect Audit Certificate issued by the Alabama State Auditor's office. This is the second consecutive audit in which the department has accounted for 100 percent of its equipment assets.

### Forms

The primary responsibility of the Forms Section is to receive, store, distribute and ship material for the department. It stores and distributes over 1,000 different types of English, Spanish, Korean, Chinese and Vietnamese language forms, and provides warehouse storage for all bureaus in the department. In 2006, the Forms Section shipped over 10,995 packages of forms and birth control pills to health department clinics/offices and private providers statewide. The section implemented a new automated inventory management system to enhance and improve processing, receiving, replenishing, tracking and inventorying items stored at the warehouse.

### Mail Center

The Mail Center receives and distributes mail for the central office and county health departments. In 2006, it shipped 2,828 packages; managed the courier contract which delivers mail throughout the state and delivers lab specimens to the department's laboratories; and provided shuttle service to assist employees with mobility impairments to and from the RSA Tower parking deck and the RSA Tower.

### Emergency Preparedness Distribution Center

The Logistics Division has the responsibility to receive, store, and distribute materials during natural disasters, man-made disasters or acts of terrorism.

### Fleet Management Section

The Fleet Management Section is responsible for managing the department's fleet of 44 vehicles valued at \$1,610,475.



## Bureau of Financial Services

The Bureau of Financial Services provides accounting, accounts receivable, payroll, accounts payable, purchasing, budgeting, production planning and administrative support to accomplish its goals in financial accounting, reporting and management for the department.

In addition, financial management services are also provided for the Alabama Public Health Care Authority. The State Committee of Public Health authorized the department to establish the authority in 1995.

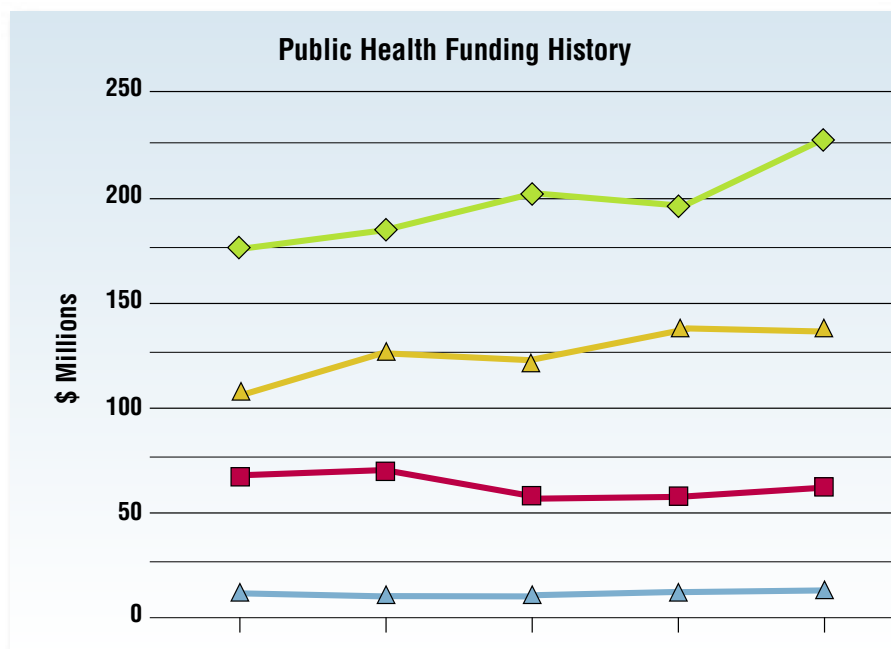
In 1996, \$30 million in Series 1996 bonds for the Phase I building program were sold to construct or renovate inadequate public health facilities. The authority's initial building program was a total of \$47 million. From 1997 through 2002, 36 facilities were constructed/renovated and occupied in Bibb, Blount, Bullock, Calhoun, Chambers, Chilton, Choctaw, Clay, Cleburne, Cullman, Dallas, DeKalb, Elmore, Franklin, Jackson, Lamar, Lawrence, Macon, Marengo, Marion, Morgan, Monroe, Montgomery, Perry, Russell, St. Clair, Shelby, Sumter, Talladega, Tallapoosa, Tuscaloosa and Walker counties.

On Sept. 28, 2005, the authority issued \$57,975,000 in Series 2005 revenue bonds. A portion of the proceeds was used to advance refund Series 1996 revenue bonds. The additional \$30 million balance of bond proceeds will be used for Phase II building program to construct, equip, renovate and/or refurbish as many as 17 public health facilities across the state. During this

past fiscal year, title was acquired to six health department sites in Conecuh, Dale, Greene, Hale, Henry and Randolph counties. Greene, Henry and Randolph projects are under construction. The balance of Phase II projects are in programming and design. During fiscal year 2006 the authority managed Madison County Health Department's locally funded project. This project was completed on time and occupied in August 2006.

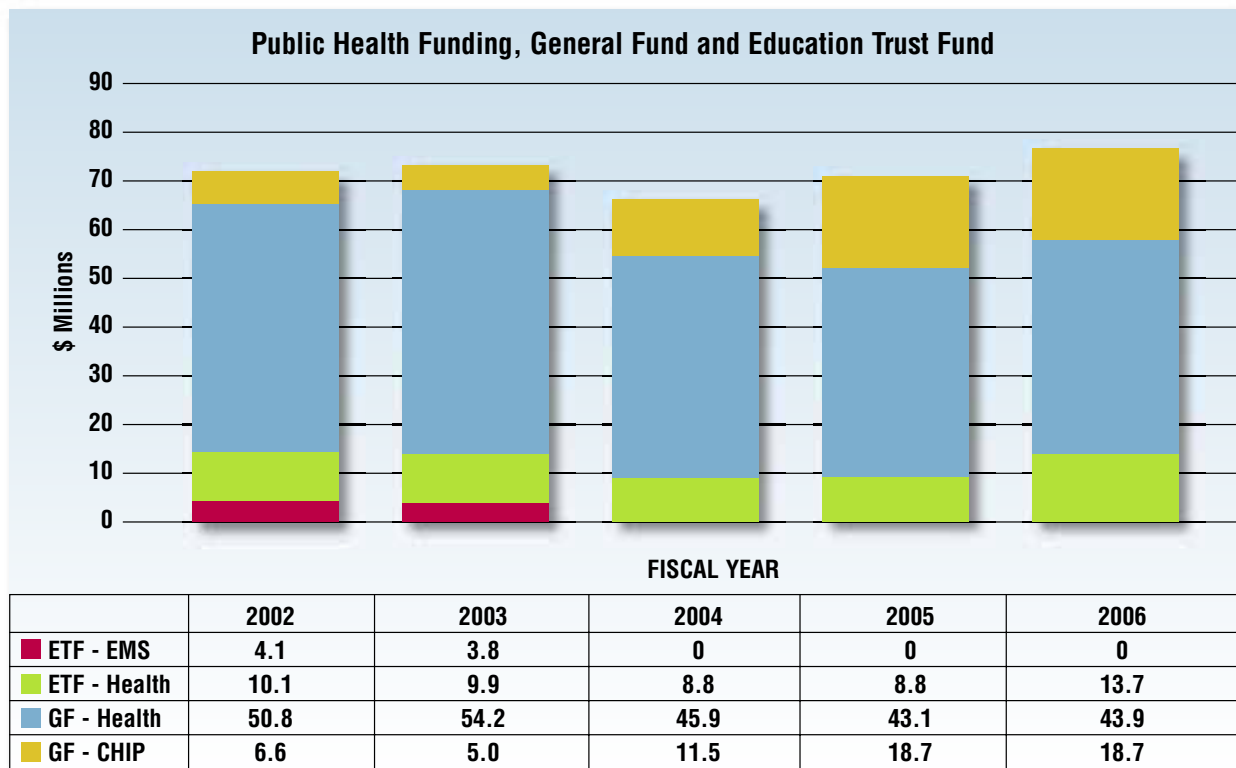
During this past fiscal year, by resolution, the authority established the Alabama Public Health Capital Maintenance Trust Program. The program is managed by the department. The authority's construction management firm

provides technical assistance, advice and program monitoring. The purpose of the Public Health Trust is to provide funding for a comprehensive coordinated preventive maintenance, improvement and replacement program for public health facilities in Alabama. The program requires periodic facility inspections to identify repair and maintenance needs. The program provides maintenance contracts for heating, ventilating and air conditioning systems and fire alarms. The program also provides for roof systems maintenance and repair and a full range of other maintenance and repair expenditures to maintain public health facilities in good working order.

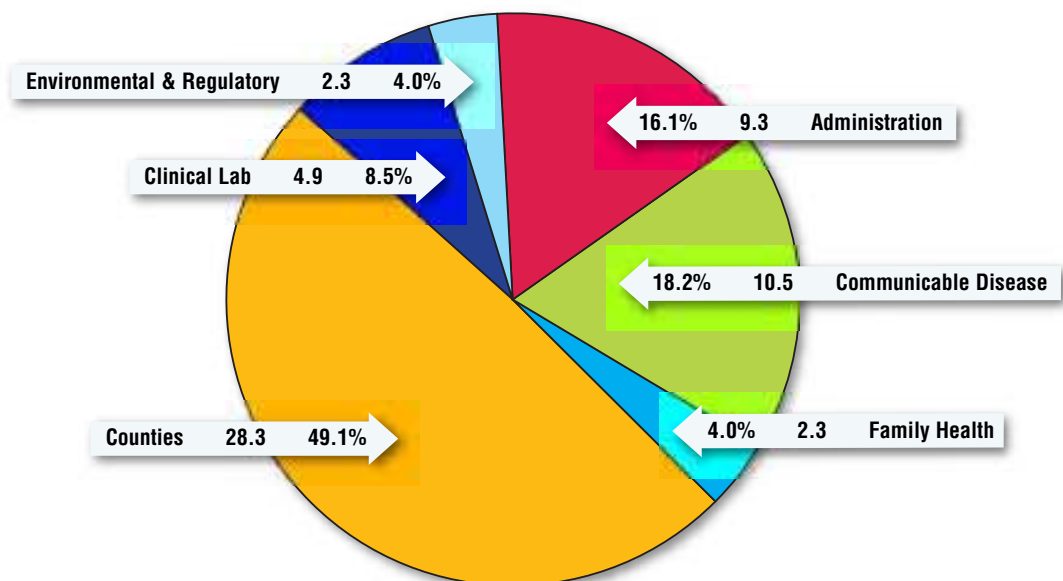


	FISCAL YEAR				
	2002	2003	2004	2005	2006
■ STATE	65.1	67.9	54.7	55.7	60.8
◆ FEDERAL	176.9	188.0	204.6	197.7	225.7
▲ LOCAL	8.1	7.3	7.6	8.0	9.3
▲ REIMB	108.9	126.8	124.8	138.2	135.1

Excludes Children's Health Insurance Program & Children First Trust Fund.  
State funds include General Fund, Education Trust Fund, Cigarette Tax and ALERT Fund.

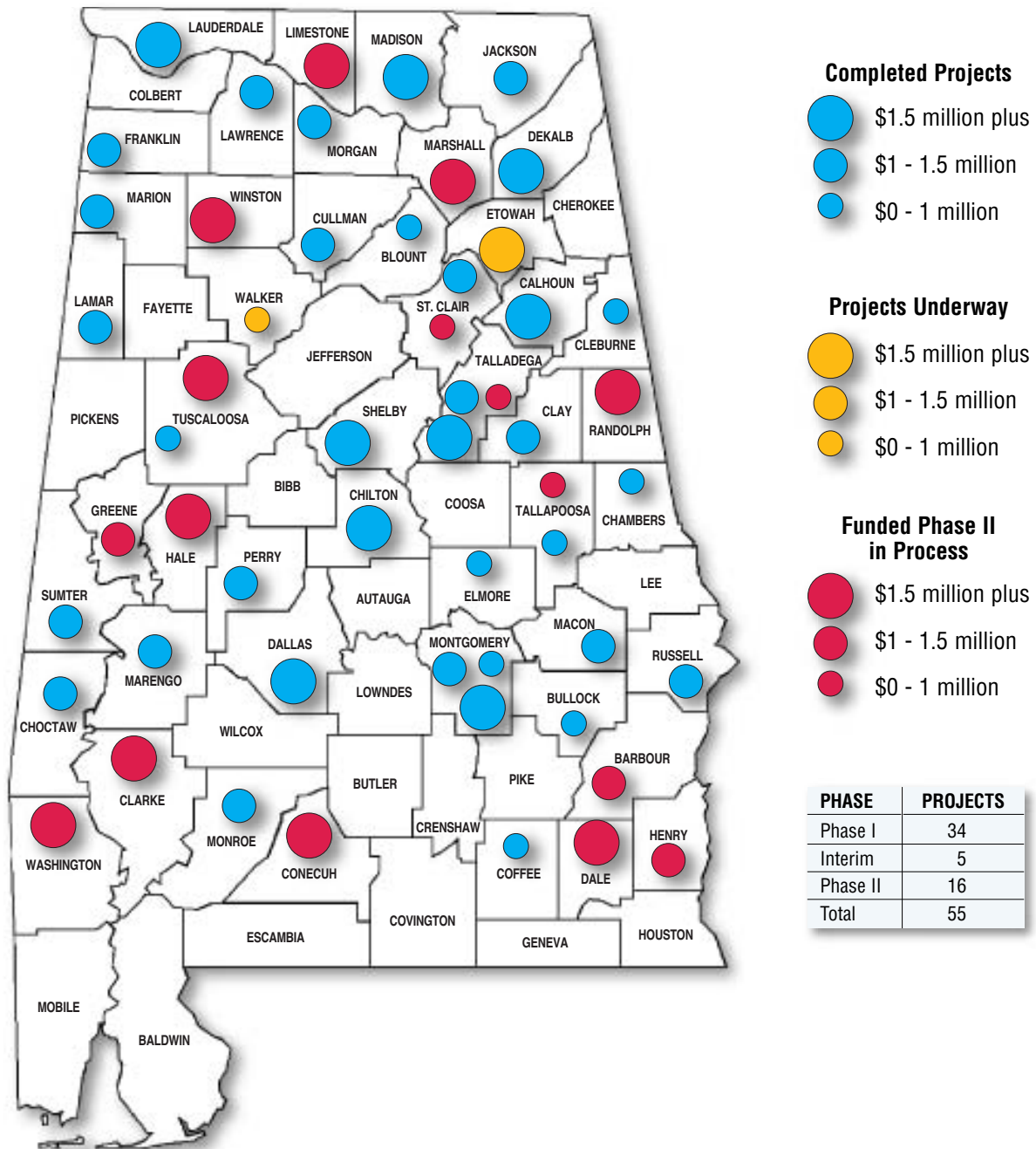


**Use of State Funds – FY 2006**  
**General Fund and ETF only – \$57.6 million**



Excludes Children's Health Insurance Program & Children First Trust Fund

# APHCA Projects



## Office of Program Integrity

**T**he Office of Program Integrity serves the state health officer to provide assurances regarding the integrity of the department's financial systems, compliance with federal audit requirements and compliance with applicable state laws and regulations.

The primary mission of the Office of Program Integrity is to assist managers and administrators in effectively discharging their duties by reviewing various activities and functions within the department, and by furnishing them with reports, comments and recommendations concerning the activities reviewed.

During 2006, the Office of Program Integrity continued its mission of objective evaluations of county health departments and central office units in the areas of financial and administrative activities. Contract agencies providing services on behalf of the department were evaluated to ensure compliance with program or contract requirements.

In addition to routine audit services, Program Integrity staff responded to requests to evaluate existing internal controls, and participated in several special projects as needs were identified or requests for audits received.



**Activities Conducted in 2006 Compared to 2005**

	2006	2005
<b>Financial/Administrative Audits</b>	<b>28</b>	<b>22</b>
<b>Property Audits</b>		
Area Offices	0	0
County Health Departments	28	22
State Level Sites	1	1
Private Agencies	0	0
<b>Federal Program Audits</b>		
County Health Departments	27	24
External WIC Sites	3	0
WIC Training Center Site	1	0
<b>State Level Projects</b>	<b>5</b>	<b>3</b>

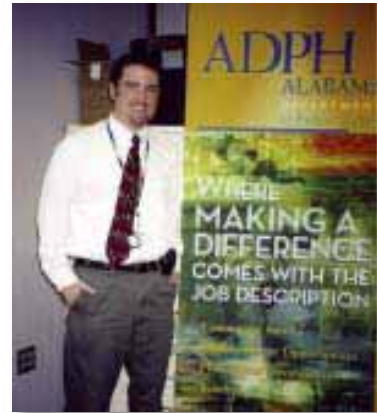
## Office of Personnel and Staff Development

**T**he Office of Personnel and Staff Development processes requests for personnel actions such as new hires, promotions, transfers, dismissals, leave reports, performance appraisals and disciplinary actions.

In addition, the office coordinates the department's Recruitment Program, Affirmative Action Program and the State Employee Injury Compensation Trust Fund Program. The office's Employee Relations Section provides guidance to supervisors and employees in resolving workplace conflicts and coordinates (through referrals) the Employee Assistance Program.

### 2006 Service Activities

- Automated personnel forms
- Changed termination procedures
- Conducted Interview and Selection training for 19 supervisors
- Conducted Recruitment Training class for 25 employees
- Converted to semi-monthly pay
- Converted Jefferson County home health staff to state as part of assuming the Jefferson County home health programs
- Coordinated statewide participation in 45 recruitment events
- Created Career Path brochures for professional and non-degree jobs
- Established language interpreter and language interpreter coordinator classifications
- Established nurse trainee class for clinic and home health
- Processed six requests for educational leave
- Revised several personnel policies
- Increased salary range for the classifications of licensed practical nurse, home care services nurse and home health aide
- Streamlined the hiring of home health staff nurse



Personnel Actions Processed	
Merit New Hires	485
Promotions	273
Dismissals	22
Retirements	62
Transfers Out	36
Total Separations	179
Employee Assistance Program Referrals	32
Hours of Leave Donations	7,633
Annual Appraisals	2,479
Probationary Appraisals	776

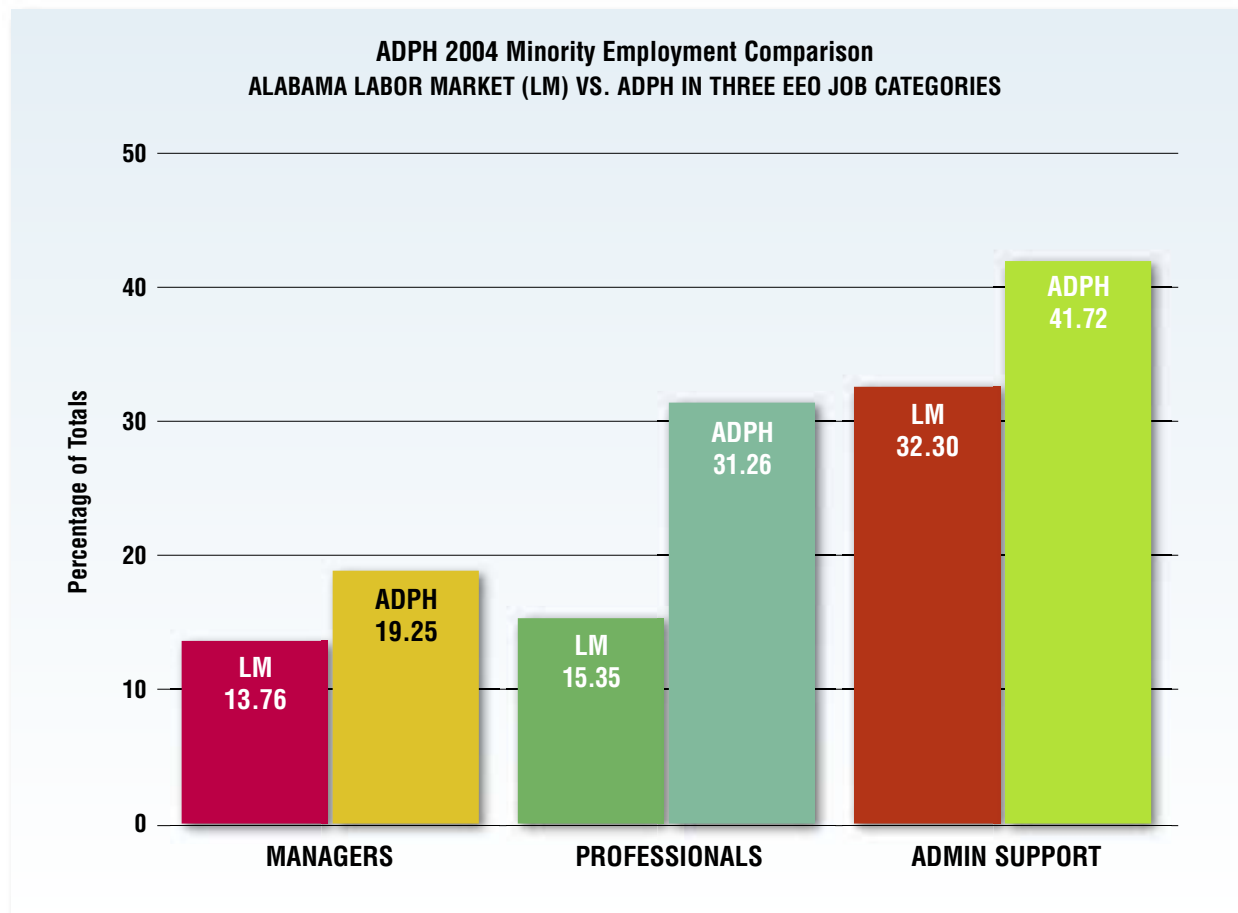
### Alabama Department of Public Health Employees – 2005 vs. 2006

Category	As of Dec. 2005	As of Dec. 2006
Officials/Administrators	856	930
Professionals	892	947
Technicians	82	108
Protective Service Workers	6	3
Paraprofessionals	219	236
Administrative Support/Clerical	827	851
Skilled Craft	3	3
Service – Maintenance	46	52
<b>OVERALL TOTALS*</b>	<b>2,931</b>	<b>3,130</b>
Turnover Rates	11.96%	8.67%

\* Excluding Form 8 and contract employees  
 – 814 Form 8 employees as of 11/20/05  
 – 310 contract employees at end of 2005



## Office of Personnel and Staff Development *(continued)*



## County Health Department Services

**P**ublic Health services in Alabama are primarily delivered through county health departments. County health departments are located in each of Alabama's 67 counties. Larger

counties and counties with specific needs have more than one county health department location. A wide variety of services is provided at county health departments, as well as valuable information.



### Typical services and information include the following:

- Cancer Detection
- Child Health
- Dental Services/Health Education and Community Fluoridation Programs
- Diabetes
- Family Planning
- HIV/AIDS
- Home Care Services
- Hypertension (High Blood Pressure)
- Immunization
- Laboratory
- Maternity
- Nutrition Services
- Nursing Services
- Sexually Transmitted Diseases (STDs)
- Social Work Services
- Tuberculosis
- Food and Lodging Protection
- Indoor Lead/Asbestos/Air Pollution
- Insect and Animal Nuisances That Can Transmit Disease to Humans
- Onsite Sewage Disposal Systems
- Solid Waste
- Water Supply in Individual Residential Wells
- Birth, Death, Marriage and Divorce Certificates
- Disease Surveillance and Outbreak Investigations
- Alabama Breast and Cervical Cancer Early Detection Program
- Children's Health Insurance Program (ALL Kids)

# ADPH Address Roster of County Health Departments, Health Officers and Administrators

AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
<b>PUBLIC HEALTH AREA 1</b> Karen M. Landers, M.D., AHO Don Cardwell, Area Adm.	Box 929, Tuscumbia 35674-0929 Box 929, Tuscumbia 35674-0929	256-383-1231 256-383-1231	383-8843 383-8843	1000 Jackson Hwy., Sheffield 35660-5761 1000 Jackson Hwy., Sheffield 35660-5761
<b>COLBERT-</b> Karen M. Landers, M.D., AHO Don Cardwell, Area Adm.	Box 929, Tuscumbia 35674-0929 Box 929, Tuscumbia 35674-0929	256-383-1231 256-383-1231	383-8843 383-8843	1000 Jackson Hwy., Sheffield 35660-5761 1000 Jackson Hwy., Sheffield 35660-5761
<b>NW AL REGIONAL H H OFFICE</b> Karen M. Landers, M.D., AHO Don Cardwell, Area Adm.	Box 929, Tuscumbia 35674-0929 Box 929, Tuscumbia 35674-0929	256-383-1234 256-383-1234	383-8843 383-8843	1000 Jackson Hwy., Sheffield 35660-5761 1000 Jackson Hwy., Sheffield 35660-5761
<b>FRANKLIN-</b> Karen M. Landers, M.D., AHO Don Cardwell, Area Adm.	Box 100, Russellville 35653-0100 Box 100, Russellville 35653-0100	256-332-2700 256-332-2700	332-1563 332-1563	801 Highway 48, Russellville 35653 801 Highway 48, Russellville 35653
<b>LAUDERDALE-</b> Karen M. Landers, M.D., AHO Don Cardwell, Area Adm.	Box 3569, Florence 35630 Box 3569, Florence 35630	256-764-7453 256-764-7453	764-4185 764-4185	4112 Chisholm Rd., Florence 35630 4112 Chisholm Rd., Florence 35630
<b>MARION-</b> Karen M. Landers, M.D., AHO Don Cardwell, Area Adm.	Box 158, Hamilton 35570-0158 Box 158, Hamilton 35570-0158	205-921-3118 205-921-3118	921-7954 921-7954	2448 Military St. South, Hamilton 35570 2448 Military St. South, Hamilton 35570
<b>HOME HEALTH OFFICE</b> Walker- Karen M. Landers, M.D., AHO Don Cardwell, Area Adm.	Box 158, Hamilton 35570-0158 Box 158, Hamilton 35570-0158	205-921-2859 205-921-2859	921-7282 921-7282	2448 Military St. South, Hamilton 35570 2448 Military St. South, Hamilton 35570
<b>WALKER-</b> Karen M. Landers, M.D., AHO Don Cardwell, Area Adm.	Box 3207, Jasper 35502-3207 Box 3207, Jasper 35502-3207	205-221-9775 205-221-9775	221-8810 221-8810	705 20th Avenue East, Jasper 35502-3207 705 20th Avenue East, Jasper 35502-3207
<b>WINSTON-</b> Karen M. Landers, M.D., AHO Don Cardwell, Area Adm.	Box 1029, Double Springs 35553-1029 Box 1029, Double Springs 35553-1029	205-489-2101 205-489-2101	489-2634 489-2634	24714 Hwy. 195, South, Double Springs 35553 24714 Hwy. 195, South, Double Springs 35553
<b>HOME HEALTH OFFICE</b> Box 1047, Haleyville 35565-1047	Box 1047, Haleyville 35565-1047	205-486-3159	486-3673	2324 14th Ave., Haleyville 35565
<b>PUBLIC HEALTH AREA 2</b> Judy Smith, Area Adm.	Box 1628, Decatur 35602-1628	256-340-2113	353-4432	201 Gordon Drive, S.E., Decatur 35601
<b>CULLMAN-</b> Tony Williams, M.D., LHO Judy Smith, Area Adm.	Box 1678, Cullman 35056-1678 Box 1678, Cullman 35056-1678	256-734-1030 256-734-1030	737-9646 737-9646	601 Logan Ave., S.W., Cullman 35055 601 Logan Ave., S.W., Cullman 35055
<b>HOME HEALTH OFFICE</b> ENVIRONMENTAL OFFICE	Box 1086, Cullman 35056 Box 1678, Cullman 35056-1678	256-734-0258 256-734-0243	734-1840 737-9236	601 Logan Ave., S.W., Cullman 35055 601 Logan Ave., S.W., Cullman 35055
<b>JACKSON-</b> Judy Smith, Area Adm.	Box 398, Scottsboro 35768-0398 Box 398, Scottsboro 35768-0398	256-259-4161 256-259-3694	259-1330 574-4803	204 Liberty Ln., Scottsboro 35769-4133 204 Liberty Ln., Scottsboro 35769-4133
<b>HOME HEALTH OFFICE</b> ENVIRONMENTAL OFFICE	Box 398, Scottsboro 35768-0398	256-259-5882	259-5886	204 Liberty Ln., Scottsboro 35769-4133
<b>LAWRENCE-</b> Tony Williams, M.D., LHO Judy Smith, Area Adm.	Box 308, Moulton 35650-0308 Box 308, Moulton 35650-0308	256-974-1141 256-974-1141	974-5587 974-5587	13299 Alabama Hwy. 157, Moulton 35650 13299 Alabama Hwy. 157, Moulton 35650
<b>HOME HEALTH OFFICE</b> ENVIRONMENTAL OFFICE	Box 308, Moulton 35650-0308 Box 308, Moulton 35650-0308	256-974-7076 256-974-8849	974-7073 974-7073	13299 Alabama Hwy. 157, Moulton 35650 13299 Alabama Hwy. 157, Moulton 35650
<b>LIMESTONE-</b> Judy Smith, Area Adm.	Box 889, Athens 35612 Box 69, Athens 35612	256-232-3200 256-230-0434	232-6632 230-9289	310 West Elm St., Athens 35611 110 Thomas St., Athens 35611
<b>HOME HEALTH OFFICE</b> <b>MADISON-</b> Lawrence L. Robey, M.D., LHO ENVIRONMENTAL OFFICE	Box 467, Huntsville 35804-0467 Box 467, Huntsville 35804-0467	256-539-3711 256-539-3711	536-2084 535-6545	301 Max Luther Drive, Huntsville 35811 301 Max Luther Drive, Huntsville 35811
<b>MARSHALL-</b> Judy Smith, Area Adm.	Drawer 339, Guntersville 35976 Drawer 978, Guntersville 35976	256-582-3174 256-582-8425	582-3548 582-0829	4200-B, Hwy. 79, S., Guntersville 35976 4200-A, Hwy. 79, S., Guntersville 35976
<b>HOME HEALTH OFFICE</b> ENVIRONMENTAL OFFICE	Drawer 339, Guntersville 35976 Drawer 339, Guntersville 35976	256-582-4926 256-582-7381	582-3548 582-3548	4200-B, Hwy. 79, S., Guntersville 35976 4200-B, Hwy. 79, S., Guntersville 35976
<b>WIC CLINIC</b> <b>MORGAN-</b> Judy Smith, Area Adm.	Box 1628, Decatur 35602-1628 Box 2105, Decatur 35602-2105	256-353-7021 256-306-2400	353-7901 353-6410	510 Cherry St. N.E., Decatur 35602 201 Gordon Dr., S.E., Ste. 107, Decatur 35601
<b>HOME HEALTH OFFICE</b> ENVIRONMENTAL OFFICE	Box 1866, Decatur 35602-1866 Box 1625, Decatur 35602	256-340-2105 256-560-0611	353-7901 355-0345	510 Cherry St. N.E., Decatur 35602 510 Cherry St. N.E., Decatur 35602
<b>WIC CLINIC</b> <b>PUBLIC HEALTH AREA 3</b> Albert T. White, Jr., M.D., AHO Linda Robertson, Area Adm.	Box 70190, Tuscaloosa 35407 Box 70190, Tuscaloosa 35407	205-554-4500 205-554-4500	556-2701 556-2701	1200 37th St. East, Tuscaloosa 35405 1200 37th St. East, Tuscaloosa 35405
<b>HOME HEALTH OFFICE</b> <b>BIBB -</b> Linda Robertson, Area Adm.	Box 70190, Tuscaloosa 35407 Box 126, Centreville 35042-1207	205-554-4520 205-926-9702	507-4718 926-6536	1200 37th St. East, Tuscaloosa 35405 281 Alexander Ave., Centreville, 35042
<b>HOME HEALTH OFFICE</b> <b>FAYETTE-</b> Linda Robertson, Area Adm.	Box 70190, Tuscaloosa 35407 Box 340, Fayette 35555	205-554-4520 205-932-5260	507-4718 932-3532	1200 37th St. East, Tuscaloosa 35405 211 First St., N.W., Fayette 35555
<b>HOME HEALTH OFFICE</b> <b>GREENE-</b> Linda Robertson, Area Adm.	Box 548, Vernon 35592 Box 269, Eutaw 35462-0269	205-695-6916 205-372-9361	695-9100 372-9283	300 Springfield Rd., Vernon 36692 412 Morrow Ave., Eutaw 35462-1109
<b>HOME HEALTH OFFICE</b> <b>LAMAR-</b> Linda Robertson, Area Adm.	Box 70190, Tuscaloosa 35407 Box 548, Vernon 35592-0548	205-554-4520 205-695-9195	507-4718 695-9214	1200 37th St. East, Tuscaloosa 35405 300 Springfield Rd., Vernon 36692
<b>HOME HEALTH OFFICE</b> <b>PICKENS-</b> Linda Robertson, Area Adm.	Box 548, Vernon 35592-0548 Box 192, Carrollton 35447-9599	205-695-6916 205-367-8157	695-9100 367-8374	300 Springfield Rd., Vernon 36692 Hospital Drive, Carrollton 35447-9599
<b>HOME HEALTH OFFICE</b> <b>TUSCALOOSA-</b> Linda Robertson, Area Adm.	Box 548, Vernon 35592-0548 Box 2789, Tuscaloosa 35403	205-695-6916 205-345-4131	695-9100 759-4039	300 Springfield Rd., Vernon 36692 1101 Jackson Ave., Tuscaloosa 35401
<b>HOME HEALTH OFFICE</b> ENVIRONMENTAL OFFICE	Box 70190, Tuscaloosa 35407 Box 70190, Tuscaloosa 35407	205-554-4520 205-554-4540	556-2701 556-2701	1200 37th St. East, Tuscaloosa 35405 1200 37th St. East, Tuscaloosa 35405

AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
<b>PUBLIC HEALTH AREA 4</b> Michael E. Fleenor, M.D., AHO Michael E. Fleenor, M.D., LHO Gwen Veras, Area Adm. BESSEMER HEALTH CENTER CENTRAL HEALTH CENTER CHRIS MCNAIR HEALTH CENTER EASTERN HEALTH CENTER MORRIS HEALTH CENTER NORTHERN HEALTH CENTER WESTERN HEALTH CENTER	Box 2648, Birmingham 35202-2648 Box 2648, Birmingham 35202-2648 Box 2648, Birmingham 35202-2648 2201 Arlington Ave., Bessemer 35020-4299 Box 2648, Birmingham 35202-2648 1308 Tuscaloosa Ave. S.W., Birmingham 35211 5720 First Ave., S., Birmingham 35212-2599 Box 272, Morris 35116-0272 2817-30th Ave., N., Birmingham 35207-4599 1700 Ave. E, Ensley, Birmingham 35218	205-933-9110 205-930-1500 205-930-1510 205-424-6001 205-933-9110 205-715-6121 205-591-5180 205-647-0572 205-323-4548 205-788-3321	930-1360 930-1360 930-1576 497-9369 930-1350 715-6173 592-2406 647-0109 521-6851 241-5275	1400 Sixth Ave. S., Birmingham 35233-1502 1400 Sixth Ave. S., Birmingham 35233-1502 1400 Sixth Ave. S., Birmingham 35233-1502 2201 Arlington Ave., Bessemer 35020-4299 1400 Sixth Ave. S., Birmingham 35233-1502 1308 Tuscaloosa Ave. S.W., Birmingham 35211 5720 First Ave., S., Birmingham 35212-2599 590 Morris Majestic Rd., Morris 35116-1246 2817-30th Ave., North, Birmingham 35207-4599 1700 Ave. E, Ensley, Birmingham 35218
<b>PUBLIC HEALTH AREA 5</b> Mary Gomillion, Area Adm. <b>BLOUNT--</b> Mark Johnson, Asst. Area Adm. HOME HEALTH OFFICE LIFE CARE OFFICE  ENVIRONMENTAL OFFICE <b>CHEROKEE--</b> Mary Gomillion, Area Adm. HOME HEALTH OFFICE  LIFE CARE OFFICE <b>DEKALB--</b> Mary Gomillion, Area Adm. HOME HEALTH OFFICE  LIFE CARE OFFICE  ENVIRONMENTAL OFFICE <b>ETOWAH--</b> Mark Johnson, Asst. Area Adm. HOME HEALTH OFFICE LIFE CARE OFFICE  <b>ST. CLAIR--</b> Mary Gomillion, Area Adm. HOME HEALTH OFFICE LIFE CARE OFFICE  Satellite Clinic (Wednesday only) <b>SHELBY--</b> Mary Gomillion, Area Adm. ENVIRONMENTAL OFFICE Vincent Clinic WIC HOME HEALTH LIFECARE	Box 267, Centre 35960  Box 208, Oneonta 35121-0004 Box 8306, Gadsden 35902 Box 208, Oneonta 35121-0004  Box 208, Oneonta 35121-0004  Box 176, Centre 35960-0176 Box 680347, Ft. Payne 35968  Box 680347, Ft. Payne 35968  Box 680347, Ft. Payne 35968 Box 680347, Ft. Payne 35968  Box 680347, Ft. Payne 35968  Box 555, Gadsden 35902-0555 Box 8306, Gadsden 35902 Box 208., Oneonta 35121-0004  Box 627, Pell City 35125 Box 8306, Gadsden 35902 Box 208., Oneonta 35121-0004  P.O. Box 249, Ashville 35953  Box 846, Pelham 35124 Box 846, Pelham 35124 Box 240, Vincent 35178 Box 240, Vincent 35178 Box 240, Vincent 35178 Box 240, Vincent 35178	256-927-7000  205-274-2120 256-547-5012 205-274-9086 or 1-888-469-8806 205-274-2120  256-927-3132 256-845-8680 or 1-800-732--9206 256-845-8685 or 1-800-600-0923  256-845-1931 256-845-8680 or 1-800-732-9206 256-845-8685 1-800-600-0923 256-845-7031  256-547-6311 256-547-5012 205-274-9086 or 1-888-469-8806  205-338-3357 256-547-5012 205-274-9086 or 1-888-469-8806 205-594-7944  205-664-2470 205-620-1650 205-672-2167 205-672-7176 205-672-3210 205-672-3170	927-7068  274-2210 543-0067 625-4490  274-2575  927-2809 845-0331  845-0331  845-2967 845-0331  845-0331  845-2817  549-1579 543-0067 625-4490  338-4863 543-0067 625-4490  594-7588  664-4148 664-3411 672-3548 672-3548 672-3548 672-3548	833 Cedar Bluff Rd., Centre 35960  1001 Lincoln Ave., Oneonta 35121 109 S. 8th Street, Gadsden 35902 1001 Lincoln Ave., Oneonta 35121  1001 Lincoln Ave., Oneonta 35121  833 Cedar Bluff Road, Centre 35960 2401 Calvin Dr., S.W., Ft. Payne 35967  2401 Calvin Dr., S.W., Ft. Payne 35967  2401 Calvin Dr., S.W., Ft. Payne 35967 2401 Calvin Dr., S.W., Ft. Payne 35967  2401 Calvin Dr., S.W., Ft. Payne 35967  2401 Calvin Dr., S.W., Ft. Payne 35967  109 South 8th St., Gadsden 35901-2454 109 South 8th St., Gadsden 35901-2454 1001 Lincoln Ave., Oneonta 35121  1175 23rd St. N., Pell City 35125 109 South 8th St., Gadsden 35901-2454 1001 Lincoln Ave., Oneonta 35121  411 N. Gadsden Hwy., Ashville 35953  2000 County Services Dr., Pelham 35124 2000 County Services Dr., Pelham 35124 131 Florey St., Vincent 35178 131 Florey St., Vincent 35178 131 Florey St., Vincent 35178 131 Florey St., Vincent 35178
<b>PUBLIC HEALTH AREA 6</b> Teresa C. Stacks, Area Adm. HOME CARE STAFF <b>CALHOUN--</b> Teresa C. Stacks, Area Adm. ENVIRONMENTAL OFFICE HOME HEALTH OFFICE <b>CHAMBERS--</b> Teresa C. Stacks, Area Adm. <b>CLAY--</b> Teresa C. Stacks, Area Adm. HOME HEALTH OFFICE <b>CLEBURNE--</b> Teresa C. Stacks, Area Adm. <b>COOSA--</b> Teresa C. Stacks., Area Adm. <b>RANDOLPH--</b> Teresa C. Stacks, Area Adm. HOME HEALTH OFFICE WEDOWEE SATELITE (Open Tues. P.M. & Wed.) <b>TALLADEGA--</b> Teresa C. Stacks, Area Adm. HOME HEALTH OFFICE SYLACAUGA CLINIC <b>TALLAPOOSA--</b> Teresa C. Stacks, Area Adm. DADEVILLE CLINIC	Box 4699, Anniston 36204-4699 233 Haynes St., Talladega 35160  Box 4699, Anniston 36204-4699 Box 4699, Anniston 36204-4699 Box 4699, Anniston,36204-4699  5 North Medical Park Dr., Valley 36854  86892 Hwy. 9, Lineville 36266 86892 Hwy. 9, Lineville 36266  Box 36, Heflin 36264-0036  Box 219, Rockford 35136-0235  468 Price St., Roanoke 36274 32 Medical Dr., Suite 3, Roanoke 36274 468 Price St., Roanoke 36274  223 Haynes St., Talladega 35160 311 North Elm Ave., Sylacauga 35150 311 North Elm Ave., Sylacauga 35150  2078 Sportplex Blvd., Alexander City 35010 Box 125, Dadeville 36853-0125	256-236-3274 256-362-2593  256-237-7523 256-237-4324 256-741-1361  334-756-0758  256-396-6421 256-396-9307  256-463-2296  256-377-4364  334-863-8981 334-863-8983 256-357-4764  256-362-2593 256-249-4893 256-249-3807  256-329-0531 256-825-9203	237-7974 362-0529  238-0851 238-0851 237-3654  756-0765  396-9172 396-9236  463-2772  377-4354  863-8975 863-4871  362-0529 208-0886 245-0169  329-1798 825-6546	3400 McClellan Blvd., Anniston 36201 2123 Haynes, St., Talladega 35160  3400 McClellan Blvd., Anniston 36201 3400 McClellan Blvd., Anniston 36201 3400 McClellan Blvd., Anniston, 36201  5 North Medical Park Dr., Valley 36854  86892 Hwy. 9, Lineville 36266 86892 Hwy. 9, Lineville 36266  Brockford Road, Heflin 36264-1605  Main Street, Rockford 35136  468 Price St., Roanoke 36274 32 Medical Dr., Suite 3, Roanoke 36274 Randolph County Court House, Wedowee 36278  223 Haynes St., Talladega 35160 311 North Elm Ave., Sylacauga 35150 311 North Elm Ave., Sylacauga 35150  2078 Sportplex Blvd., Alexander City 35010 220 LaFayette St., Dadeville 36853

AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
<b>PUBLIC HEALTH AREA 7</b> Jackie R. Holliday, Area Adm.	Box 480280, Linden 36748-0280	334-295-1000	295-0006	303 Industrial Drive, Linden 36748-0280
<b>CHOCTAW-</b> Jackie R. Holliday, Area Adm. LIFE CARE OFFICE ENVIRONMENTAL OFFICE	1001 S. Mulberry Ave., Butler 36904 1001 S. Mulberry Ave., Butler 36904 1001 S. Mulberry Ave., Butler 36904	205-459-4026 205-459-4013 205-459-4026	459-4027 459-3184 459-4027	1001 South Mulberry Ave., Butler 36904 1001 South Mulberry Ave., Butler 36904 1001 South Mulberry Ave., Butler 36904
<b>DALLAS-</b> Ashvin Parikh, Asst. Area Adm. HOME HEALTH OFFICE ENVIRONMENTAL OFFICE LIFE CARE OFFICE	100 Sam O. Moseley Dr., Selma 36701 100 Sam O. Moseley Dr., Selma 36701 100 Sam O. Moseley Dr., Selma 36701 100 Sam O. Moseley Dr., Selma 36701	334-874-2550 334-872-2323 334-872-5887 334-872-1421	875-7960 872-0279 872-4948 872-0279	100 Sam O. Moseley Dr., Selma 36701 100 Sam O. Moseley Dr., Selma 36701 100 Sam O. Moseley Dr., Selma 36701 100 Sam O. Moseley Dr., Selma 36701
<b>HALE-</b> Ashvin Parikh, Asst. Area Adm. ENVIRONMENTAL OFFICE	Box 87, Greensboro 36744-0087 Box 87, Greensboro 36744-0087	334-624-3018 334-624-3018	624-4721 624-4721	1102 N. Centerville St., Greensboro 36744-0087 1102 N. Centerville St., Greensboro 36744-0087
<b>LOWNDES-</b> Ziba M. Anderson, Asst. Area Adm. ENVIRONMENTAL OFFICE	Box 35, Hayneville 36040-0035 Box 35, Hayneville 36040-0035	334-548-2564 334-548-2564	548-2566 548-2566	507 Montgomery Hwy., Hayneville 36040 507 Montgomery Hwy., Hayneville 36040
<b>MARENGO-</b> Jackie R. Holliday, Area Adm. HOME HEALTH OFFICE ENVIRONMENTAL OFFICE	Box 480877, Linden 36748-0877 Box 480877, Linden 36748-0877 Box 480877, Linden 36748-0877	334-295-4205 334-295-0000 334-295-1000	295-0124 295-0617 295-0006	303 Industrial Drive, Linden 36748-0877 303 Industrial Drive, Linden 36748-0877 303 Industrial Drive, Linden 36748-0877
<b>PERRY-</b> Ashvin Parikh, Asst. Area Adm. ENVIRONMENTAL OFFICE UNIONTOWN SATELLITE (Open T., W.) LIFE CARE SATELLITE OFFICE	Box 119, Marion 36756-0119 Box 119, Marion 36756-0119 Box 119, Marion 36756-0119 Box 119, Marion 36756-0119	334-683-6153 334-683-6153 334-628-6226 334-683-8084	683-4509 683-4509 628-3018 683-4509	Rt. 2 Box 4-C, Hwy. 45 South, Marion 36756 Rt. 2 Box 4-C, Hwy. 45 South, Marion 36756 200 North St., Uniontown 36786 Rt. 2 Box 4-C, Hwy. 45 South, Marion 36756
<b>SUMTER-</b> Ashvin Parikh, Asst. Area Adm. ENVIRONMENTAL OFFICE	P. O. Drawer 340, Livingston 35470 P. O. Drawer 340, Livingston 35470-0340	205-652-7972 205-652-7972	652-4331 652-4331	1121 N. Washington St., Livingston 35470 1121 N. Washington St., Livingston 35470
<b>WILCOX-</b> Ziba Anderson, Asst. Area Adm. ENVIRONMENTAL OFFICE	107 Union St., Camden 36726-0547 107 Union St., Camden 36726-0547	334-682-4515 334-682-4515	682-4796 682-4796	107 Union St., Camden 36726-0547 107 Union St., Camden 36726-0547
<b>PUBLIC HEALTH AREA 8</b> James Martin, Area Adm.	6501 U.S. Hwy 231 N., Wetumpka 36092	334-567-1165	514-5832	6501 U.S. Hwy 231 N., Wetumpka 36092
<b>AUTAUGA-</b> James Martin, Area Adm. HOME HEALTH OFFICE	219 N. Court, Prattville 36067 219 N. Court, Prattville 36067	334-361-3743 334-361-3753	361-3718 361-3806	219 N. Court St., Prattville 36067 219 N. Court St., Prattville 36067
<b>BULLOCK-</b> Ron Wheeler, Asst. Area Adm.	P.O. Drawer 430, Union Springs 36089	334-738-3030	738-3008	103 Conecuh Ave., W., Union Springs 36089-1317
<b>CHILTON-</b> James Martin, Area Adm. LIFE CARE OFFICE	P.O. Box 1778, Clanton 35046 P.O. Box 1778, Clanton 35046	205-755-1287 205-755-8407	755-2027 755-8432	301 Health Ctr. Dr., Clanton 35046 301 Health Ctr. Dr., Clanton 35046
<b>ELMORE-</b> James Martin, Area Adm.	6501 U.S. Hwy 231, Wetumpka 36092	334-567-1171	567-1186	6501 U.S. Hwy 231, Wetumpka 36092
<b>LEE-</b> James Martin, Area Adm. LIFE CARE OFFICE	1801 Corporate Dr., Opelika 36801 1801 Corporate Dr., Opelika 36801	334-745-5765 334-745-5293	745-9830 745-9825	1801 Corporate Dr., Opelika 36801 1801 Corporate Dr., Opelika 36801
<b>MACON-</b> James Martin, Area Adm. LIFE CARE OFFICE	812 Hospital Rd., Tuskegee 36083 812 Hospital Rd., Tuskegee 36083	334-727-1800 334-727-1888	727-7100 727-1874	812 Hospital Rd., Tuskegee 36083 812 Hospital Rd., Tuskegee 36083
<b>MONTGOMERY-</b> James Martin, Area Adm. HOME HEALTH OFFICE ENVIRONMENTAL OFFICE LIFE CARE OFFICE	3060 Mobile Hwy., Montgomery 36108 3060 Mobile Hwy., Montgomery 36108 3060 Mobile Hwy., Montgomery 36108 3060 Mobile Hwy., Montgomery 36108	334-293-6400 334-293-6525 334-293-6452 334-293-6528	293-6410 293-6402 293-6410 293-6402	3060 Mobile Hwy., Montgomery 36108 3060 Mobile Hwy., Montgomery 36108 3060 Mobile Hwy., Montgomery 36108 3060 Mobile Hwy., Montgomery 36108
<b>RUSSELL-</b> James Martin, Area Adm. HOME HEALTH OFFICE	1850 Crawford Rd., Phenix City 36867 1850 Crawford Rd., Phenix City 36867	334-297-0251 334-298-5581	291-5478 291-0498	1850 Crawford Rd., Phenix City 36867 1850 Crawford Rd., Phenix City 36867



AREA/COUNTY NAME AND TITLE	MAILING ADDRESS	TEL. NO.	FAX NO.	STREET ADDRESS
<b>PUBLIC HEALTH AREA 9</b> Ruth Underwood, Area Adm.	Box 1227, Robertsedale 36567	251-947-6206	947-6262	23280 Gilbert Dr., Robertsedale 36567
<b>BALDWIN-</b> Ruth Underwood Area Adm. ENVIRONMENTAL OFFICE BAY MINETTE BRANCH	Box 369, Robertsedale 36567-0369 Box 369, Robertsedale 36567-0369 1705 Hwy. 31 S., Suite 2, Bay Minette 36507	251-947-1910 251-947-3618 251-937-6935	580-4767 947-3557 580-5358	23280 Gilbert Dr., Robertsedale 36567 22251 Palmer St., Robertsedale 36567 1705 Hwy. 31 S., Suite 2, Bay Minette 36507
<b>BUTLER-</b> Ziba M. Anderson, Asst. Area Adm. GEORGIANA SATELLITE (Open Tues only)	Box 339, Greenville 36037 Box 339, Greenville 36037	334-382-3154 334-376-0776	382-3530	350 Airport Rd., Greenville 36037 Jones Street, Georgiana 36033
<b>CLARKE-</b> Ruth Underwood, Area Adm. ENVIRONMENTAL OFFICE	Box 477, Grove Hill 36451 Box 477, Grove Hill 36451	251-275-3772 251-275-4177	275-4253 275-8066	140 Clark Street, Grove Hill 36451 120 Court Street, Grove Hill 36451
<b>CONECUH-</b> Ricky Elliott, Asst. Area Adm. HOME HEALTH OFFICE ENVIRONMENTAL OFFICE	Box 110, Evergreen 36401 Box 110, Evergreen 36401 Box 110, Evergreen 36401	251-578-1952 251-578-5265 251-578-9729	578-5566 578-5679 578-5566	526 Belleville St., Evergreen 36401 811 Liberty Hill Dr., Evergreen 36401 526 Belleville St., Evergreen 36401
<b>COVINGTON-</b> Ziba M. Anderson, Asst. Area Adm. OPP SATELLITE (Open Tues. Only) LIFE CARE OFFICE ENVIRONMENTAL OFFICE	23989 Alabama Hwy. 55, Andalusia 36420 23989 Alabama Hwy. 55, Andalusia 36420 23989 Alabama Hwy. 55, Andalusia 36420 23989 Alabama Hwy. 55, Andalusia 36420	334-222-1175 334-493-9459 334-222-5970 334-222-1585	222-1560  222-1560 222-1560	23989 Alabama Hwy. 55, Andalusia 36420 108 N. Main Street, Opp 36467 23989 Alabama Hwy. 55, Andalusia 36420 23989 Alabama Hwy. 55, Andalusia 36420
<b>ESCAMBIA-</b> Ricky Elliott, Asst. Area Adm. ENVIRONMENTAL OFFICE ATMORE BRANCH	1115 Azalea Place, Brewton 36426 1115 Azalea Place, Brewton 36426 8600 Hwy. 31 N., Suite 17, Atmore 36502	251-867-5765 251-867-5765 251-368-9188	867-5179 867-5179 368-9189	1115 Azalea Place, Brewton 36426 1115 Azalea Place, Brewton 36426 8600 Hwy. 31 N, Suite 17, Atmore 36502
<b>MONROE-</b> Ricky Elliott, Asst. Area Adm. HOME HEALTH OFFICE ENVIRONMENTAL OFFICE LIFE CARE OFFICE	416 Agricultural Dr., Monroeville 36460 416 Agricultural Dr., Monroeville 36460 416 Agricultural Dr., Monroeville 36460 416 Agricultural Dr., Monroeville 36460	251-575-3109 251-575-2980 251-575-7034 251-575-9184	575-7935 575-2144 575-7935 575-2144	416 Agricultural Drive, Monroeville 36460 416 Agricultural Drive, Monroeville 36460 416 Agricultural Drive, Monroeville 36460 416 Agricultural Drive, Monroeville 36460
<b>WASHINGTON-</b> Ruth Underwood, Area Adm. HOME HEALTH OFFICE ENVIRONMENTAL OFFICE LIFE CARE OFFICE	Box 690, Chatom 36518 Box 690, Chatom 36518 Box 690, Chatom 36518 Box 690, Chatom 36518	251-847-2245 251-847-2257 251-847-2245 251-847-3071	847-3480 847-3299 847-3480 847-3299	2024 Granade Ave., Chatom 36518 2024 Granade Ave., Chatom 36518 2024 Granade Ave., Chatom 36518 2024 Granade Ave., Chatom 36518
<b>PUBLIC HEALTH AREA 10</b> Peggy Blakeney, Acting Area Adm.	P. O. Box 1055, Slocomb 36375-1055	334-886-2390	886-2842	465 S. Kelly, Slocomb 36375
<b>BARBOUR-</b> Ron Wheeler, Asst. Area Adm. HOME HEALTH OFFICE CLAYTON BRANCH	Box 238, Eufaula 36027-0238 Box 217, Clayton 36016-0217 Box 217, Clayton 36016-0217	334-687-4808 334-775-9044 334-775-8324	687-6470 775-9129 775-3432	634 School Street, Eufaula 36027 25 North Midway Street, Clayton 36016 41 North Midway Street, Clayton 36016
<b>COFFEE-</b> Peggy Blakeney, Acting Area Adm. HOME HEALTH OFFICE	2841 Neal Metcalf Rd., Enterprise 36330 2841 Neal Metcalf Rd., Enterprise 36330	334-347-9574 334-347-9576	347-7104 347-3124	2841 Neal Metcalf Rd., Enterprise 36330
<b>CRENSHAW-</b> Ron Wheeler, Asst. Area Adm.	Box 326, Luverne 36049-0326	334-335-2471	335-3795	100 East 4th Street, Luverne 36049
<b>DALE-</b> Ron Wheeler, Asst. Area Adm.	Box 1207, Ozark 36361-1207	334-774-5146	774-2333	204 Katherine Ave., Ozark 36360
<b>GENEVA-</b> Peggy Blakeney, Acting Area Adm.	606 S. Academy St., Geneva 36340-2527	334-684-2259	684-3970	606 S. Academy St., Geneva 36340-2527
<b>HENRY-</b> Ron Wheeler, Asst. Area Adm. HEADLAND BRANCH	Box 86, Abbeville 36310-0086 Box 175, Headland 36345-0175	334-585-2660 334-693-2220	585-3036 693-3010	Box 86, Abbeville 36310-2736 2 Cable Street, Headland 36345-2136
<b>HOUSTON-</b> Peggy Blakeney, Acting Area Adm. HOME HEALTH OFFICE ENVIRONMENTAL OFFICE	Drawer 2087, Dothan 36302-2087 Drawer 2087, Dothan 36302-2087 Drawer 2087, Dothan 36302-2087	334-678-2800 334-678-2805 334-678-2815	678-2802 678-2808 678-2816	1781 E. Cottonwood Rd., Dothan 36301-5309 1781 E. Cottonwood Rd., Dothan 36301-5309 1781 E. Cottonwood Rd., Dothan 36301-5309
<b>PIKE-</b> Ron Wheeler, Asst. Area Adm. HOME HEALTH OFFICE	900 So. Franklin Dr., Troy 36081-3850 900 So. Franklin Dr., Troy 36081-3850	334-566-2860 334-566-8002	566-8534 670-0719	900 So. Franklin Dr., Troy 36081-3850 900 So. Franklin Dr., Troy 36081-3850
<b>PUBLIC HEALTH AREA 11</b> Bernard H. Eichold II, M.D., AHO KEELER BUILDING, MAIN SITE ENVIRONMENTAL SERVICES SOCIAL SERVICES WOMEN'S CENTER SEMME'S CLINIC CALCEDEAVER CLINIC CITRONELLE CLINIC EIGHT MILE CLINIC TEEN CENTER SCHOOL BASED CLINIC NEWBURN CLINIC	Box 2867, Mobile 36652-2867 Box 2867, Mobile 36652-2867 Box 2867, Mobile 36652-2867 Box 2867, Mobile 36652-2867 248 Cox St., Mobile 36604 Box 2867, Mobile 36652-2867 Box 2867, Mobile 36652-2867 Box 2867, Mobile 36652-2867 Box 2867, Mobile 36652-2867 Box 2867, Mobile 36652-2867 Box 2867, Mobile 36652-2867 Box 2867, Mobile 36652-2867 248 Cox St., Mobile 36604	251-690-8827 251-690-8158 251-544-2114 251-690-8981 251-690-8935 251-445-0582 251-829-9884 251-866-9126 251-456-1399 251-694-3954 251-456-2276 251-405-4525	432-7443 690-8853 432-7443 694-5004 690-8945 445-0579 829-9507 866-9121 456-0079 694-5037 456-2205 405-4521	251 N. Bayou St., Mobile 36603-1699 251 N. Bayou St., Mobile 36603-1699 251 N. Bayou St., Mobile 36604 251 N. Bayou St., Mobile 36604 248 Cox St., Mobile 36604 3810 Wulff R., Semmes 36575 1080AA Red Fox Rd., Calcedeaever 36560 19250 Mobile St., Citronelle 36522 4547 St. Stephens Rd., Eight Mile 36663 248 Cox St., Mobile 36604 800 Whitley St., Plateau 36610 248 Cox St., Mobile 36604

AHO--AREA HEALTH OFFICER, LHO--LOCAL HEALTH OFFICER

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## Public Health Areas

Alabama is divided into public health areas to facilitate coordination, supervision and development of public health services. Area offices are responsible for developing local management programs of public health services and programs particularly suited to the needs of each area.

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